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LECTURES
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LECTURE XXIII.

MENTAL ALIENATION.—*Speculations of Metaphysicians on the Mind. Objections to Arguments in favour of its Materiality.—Belief in its Immateriality, a matter of Faith, not of Reasoning. Two species of Insanity, according to the views of the Lecturer. Insanity, in the eye of the Law. Delusion, its essential Character. State Guardianship of the Insane. Marriages of the Insane. The fact of Insanity determinable only by Medical Men. Illustrations from Hatfield's Case. Cunning with which Madmen stifle their Disorder. Neglect of the Pathology of the Mind. What are the Indications of Sanity? Diseases which may be mistaken for Insanity; Hypochondriasis; Hallucination; Case related by Sir Walter Scott. Alleged Hypochondriasis which should have been called Insanity.*

GENTLEMEN:—The subject to which I have now to direct your attention, *mental alienation*, is the most interesting in the range of our inquiries, involving questions respecting the immortal part of our being, which have hitherto been, and perhaps ever will be, covered by a veil of mystery, impenetrable in this temporary stage of our existence. It is impossible, in such an inquiry, not to deviate into the labyrinths of metaphysics; but let us take common sense with us, to guide us back from their devious mazes.

It has been well remarked, "that the attempt to define the nature of mind or soul is as vain and presumptuous an undertaking as it is to try to find out, by thought alone, the nature of the Almighty." Yet (such is the vanity of man) this arduous task has not only been attempted, but some speculative philosophers have decided, that *mind* and *brain* are equally substantial, and the same. Others have asserted that, although both are matter, yet that they are not the same kind of matter. Let us examine briefly the grounds upon which these hypotheses have been erected.

The first of the arguments which has been advanced to prove the materiality of mind is, that we have never found the phenomena of perception unconnected with organized masses of matter; they may, therefore, be regarded as qualities of such substances; for the same reason that we regard ductility to be a quality of gold, because we have always found that metal, when pure, to be ductile. This is true of matter, for it is no objection to affirm, that such phenomena are not qualities, because they have no resemblance or affinity to the more acknowledged primary qualities of matter. But when it is contended that, because mind is always found in conjunction with a certain mass of solid and extended matter,—that, because it inhabits the same portion of space, and presents itself invariably along with those other qualities, the assemblage of which makes up our idea of organized matter, it is, therefore, merely a quality of that matter, admits of doubt. Let us hear the arguments that are put forward in its support. "In fact," says Dr. PRIESTLY, "there is just the same reason to conclude that the powers of sensation and thought are the necessary result of a particular organization, as that sound is the necessary result of a particular concussion of the air. For in both cases the one constantly accompanies the other, and there is not in nature a stronger argument for a necessary connection, or any cause and any effect." I will not at present stop to refute this hypothesis, which is contradicted by a multiplicity of unquestionable facts, which Dr. PRIESTLY could not be ignorant of, but over which he has certainly thrown the *veil of neglect*, in support of the *pride of opinion;* I may only remark, in the words of Dr. PRICHARD, that "it is directly in opposition to the evidence of universal experience, to suppose that a

combination of material particles can give origin to such phenomena as those of pleasure and pain, hope and joy, volition," &c. We are informed by Dr. HARTLEY, that *perception* is merely a peculiar species of motion, because it is produced by certain mechanical impulses on the extremities of nerves, which transmit it to the brain; and that association is strictly within the analogy of material movement, and something like the vibration of musical cords in juxtaposition. Others go even farther,—they regard perception, sensation, *consciousness of impressions*, as simple properties of the nervous apparatus of animal bodies; and they argue that because perception is the instantaneous result of the excitement of the sentient extremities of nerves, it is as necessarily a property of nerves as weight and ductility are properties of gold when pure. Let us examine these assertions.

By what means do we perceive the qualities of matter? One reply only can be offered;—By perception. Does it not, therefore, involve an absurdity to affirm, that that faculty which informs us of the qualities of matter is, itself, a quality of matter? If this were true, perception would also be *perceived*, which is not the case; it is not a quality, but the knowledge of qualities, and, certainly, distinct from that which is perceived by it. Thence it must be admitted, that it is an unwarrantable abuse of language to call *perception* a quality, which is not an object of sense, as all qualities are,—which is never conceived to occupy space, nor to characterize it,—nor is endowed with perceptible properties,—which cannot be supposed to be an inseparable attribute of matter, and is found in connexion with organized matter only whilst that matter exists in a certain state, or is alive. If we were to reduce the argument to an illustration, we might with equal truth contend, that a distant object, which is fixed, and can be seen only through the medium of the telescope, is a property of that instrument. We cannot see the object without the aid of the telescope; we always see it, if light be present and the instrument be in good order; yet no person ever thought of asserting that the object thus rendered visible by the instrument was a property of the telescope. Perception, in like manner, is only produced through the medium of nerves, because these are the instruments by which the mind or soul becomes acquainted with the external world; but this is no proof that perception is a property of nerves. If there were no other grounds for rejecting the materialism of mind this, surely, is sufficient,—that it confounds the act of perception with the qualities perceived, and classes among the objects of perception the faculty by which a knowledge of those objects can only be attained, and which must be exercised before we can possess any conception "either of matter or its qualities."*

What does anatomy say on this subject? If we look into the writings of MORGAGNI, or those of BONETUS, of HALLER, and of others, less distinguished but equally correct, we find that the texture of every part of the brain may be morbidly altered from its natural state, and yet all the faculties of the mind remain entire. These facts are not weakened by the observations made in morbid dissections of the brains of deceased madmen, in whom thickening of the cranium, adhesions of the dura mater, effusions of serum, hardening of the brain, and softening of the cerebellum, have been found. That insanity may be the result of deranged cerebral structure is true; but it is also true that *abscesses* have been formed in the brain; *humours* have been found in it, which have slowly enlarged and hardened; its *arteries* have been *ossified;* indeed, every portion of it, in different instances, has exhibited morbid alterations of structure, and yet the *mind* has *remained entire*. Even when it has suffered in the exercise of its faculties, either from general or local inflammation, as soon as the diseased action has subsided, although it may leave behind it some organic mischief, this may continue for many years without affecting, permanently the faculties of the mind. Nevertheless, I admit that insanity depends upon organic lesions of the brain, whilst I maintain that mind is not a quality of matter,—a point of great importance in our present inquiry. Equally strong proofs in favour of the immateriality of the mind might be quoted in refutation of the assertion that the faculties of the mind decay as the body grows old and infirm, for when the mental faculties have been properly cultivated and exercised, the mind shines forth in all its pristine vigour, at the very moment when the body is sinking into the grave. What is the inference to be drawn from this? Can it be other than that mind is perfectly distinct from the *material substance* which enters into our corporeal frame? Give an example, it may be said. The only difficulty is in the selection,—"Quid jurisconsulti?" says CICERO, in his Defence of Old Age, and in proof of the fact, that if study be not abandoned, the mind continues vigorous to the last—"Quid jurisconsulti? quid pontifices? quid philosophi senes? quam multa meminerint? manent ingenia senibus, modo permaneat studium, et industria; nec ea solum in clavis et honoratis viris, sed in vita etiam privata et quieta." Did not SOPHOCLES write tragedies of an immortal stamp in extreme old age? Did the mind of VOLTAIRE decay with the wasting of his frame? Did the brilliant intellect of BURKE melt down with his bodily structure? On

* Dugald Stewart.

the contrary, do we not find in the last publication of BURKE all the vigour of thought, the vividness of imagination, and the splendour of language, which characterise the compositions of the meridian of his life? What can be found of decay in the productions of the last days of Bishop BURNET, stretched on the rack by the tortures of stone, and a compilation of maladies? or in the writings of SAMUEL JOHNSON, whose whole period of life was one paroxysm of disease? Did the mind of NEWTON share the weakness of his body, when, in his eightieth year, he resolved the celebrated problem of trajecteries of LEIBNITZ, as an evening's amusement? And, finally, in our own time, what dependence of mind on body was seen in the closing hours of the life of WOLLASTON, who exercised his mental faculties when his body almost had become extinct? "Nullum sæva caput Proserpina fugit,"—but mind remains untouched. But if, for the sake of argument, we admit that the mind is weakened by the decay of the body, it merely implies that the medium of communication being impaired, the mind receives imperfect and fewer impressions, and, consequently, rests upon its acquired knowledge. It has been ascertained that as age advances, the volume of the nervous system decreases, a fact observed not only in the brain, but also in the spinal marrow. Now, as this is the case, it must be evident that in persons whose intellectual powers have been little cultivated, and in whom every act of mind arises, in a great degree, from transient impressions, the vigour of the intellect must necessarily diminish with the impaired condition of the medium of perception. But this is not the case with those whose minds have been cultured, and who are accustomed to reason upon abstract principles.

It has, nevertheless, been contended, as I have said, that although it were admitted that brain and mind are distinct, still that that is no proof that mind is not material. I admit the force of this reasoning. Many of the external phenomena of mind may be accounted for on the known influence of mechanical and chemical powers operating on irritability and sensibility, or, in other words, on the nervous energy. But, although the transmission of such impressions to the brain can be readily accounted for, yet the thought which is produced, the idea which arises, cannot be accounted for; the belief that it is the result of an immaterial agent forces itself upon the mind,—it is a matter of *faith* not of *reasoning*. We know nothing more of it than what revelation has taught us, and beyond that it is probable we shall never advance: and I cannot admit that this faith is weakened, because we have no proof "that ideas can arise or can exist independently of corporeal organization." The connection, however, between the material agent, by which a knowledge of external objects is communicated to the mind, and the mind itself, is so close, that it is evident that one cannot be affected without the other suffering; a diseased condition, therefore, of the brain may produce insanity; but I should almost say that it is not a necessary consequence; and individuals have died in a state of insanity, the examination of whose brains has not displayed any obvious change to which the disease could be attributed. This is, perhaps, always the condition of the brain in those cases of mania which consist chiefly in a morbid state of the temper and the affections, and in recent cases of monomania; in these instances there is no general disturbance of the intellectual faculties or operations, and, consequently, we have little reason for thinking that the brain is obviously diseased.

I have thought it necessary, Gentlemen, to make these brief remarks on the connection between mind and body, in order that, being aware of my conviction of the immateriality of mind, I may not be misunderstood in some of the details which I must, necessarily, bring before you in pursuing this part of our inquiries. But it may be justly demanded, To what useful or practical conclusion does it lead us? In my opinion it is one of the utmost importance. If we regard mind, or all mental phenomena, as affections of the soul, and the functions of the brain and nerves as merely instrumental processes, we shall be led to admit that two species of insanity may exist, or, at least, differ in their origin; one a malady *purely* of the mind, the other a malady originating in the *material organs*, the brain and nervous system, either primarily affected, or sympathizing with some lesion, or functional disorder, in one or more of the vital organs.

In regarding the first form of insanity, in medico-legal inquiries, our investigation must be strictly in reference to mental causes, such as various *passions of the mind, loss of friends, shame, sudden terror, remorse, religious enthusiasm*, and such like. In investigating the second, the condition of the corporeal health must be strictly inquired into, as the probability of recovery may depend solely upon correcting the functional disorders affecting the nervous system; for, if such a discrimination be essential in a curative point of view, it is also of the highest importance in determining legal questions connected with insanity.

It is not easy to define insanity. In the eye of the law it is regarded as "deluded imagination, the substitution of fancies for realities," *i. e.*, "when there is delusion there is insanity."

Insanity, in all its forms, frequently becomes an object of legal investigation, and necessarily involves medical evidence. No man who is of insane mind is an account-

able being; "it is the reason of man," to use the language of Lord ERSKINE, "which makes him accountable for his actions; and the deprivation of reason acquits him of crime;"—"it annuls a man's dominion over property; it dissolves his contracts, and other acts, which otherwise would be binding; and it takes away his responsibility for crimes."

"Non compos mentis," says Lord COKE, "is of three kinds.

"1st, Idiota, which, from his nativity, by a perpetual infirmity, is non compos mentis.

"2ndly, He that by sickness, grief, or other accident, wholly loses his memory and understanding.

"3rdly, A lunatic, that sometimes has understanding and sometimes not,—aliquando guadet lucidis intervallis,—and, therefore, he is called non compos as long as he hath not understanding."

It is further justly said, that there is a *partial* insanity and a *total* insanity; the former does not excuse a person for committing crimes of a *capital* nature; the latter places him *without all responsibility*. But this latter condition, or general or total insanity, must be accurately defined. It is usually stated to be "a disordered condition of the functions of the brain, which gives rise to disturbances in the operations of the mind." But I need scarcely say that this definition applies equally to the delirium of fever and phrenitis as to insanity, and even to the imbecility which occasionally attends old age. In truth, the only definition that is at all unexceptionable, is that which I have already mentioned, and which applies to both varieties of insanity, namely, that "delusion constitutes the essential character of insanity." In support of this opinion I may quote here, again, the words of that distinguished counsel, whose remark on the accountable nature of man I have already quoted:—"He alone," says Lord ERSKINE, "can be so emancipated, whose disease, call it what you will, consists not merely in seeing with a prejudiced eye, or with odd and absurd peculiarities, differing, in many respects, from the contemplations of sober sense, upon the actual existence of things; but he only whose reasoning and corresponding conduct, though governed by the ordinary dictates of reason, proceed upon something which has no foundation, or existence." Now, such being the case, who is to decide, who to determine, this condition, except the physician? For example, the property of all lunatics, or, in the language of the law, those non compos mentis, is placed in the guardianship of the crown, or, rather, the lord chancellor is the trustee of the crown, for the preservation of the property of the lunatic, until he be restored to reason. The importance, therefore, of obtaining a sound decision is obvious, and the physician is usually called upon for this purpose, both as refers to the deprivation of sound mind and the recovery of sanity.

Again, by an Act of the 15th GEORGE II., cap. 30, the marriages of all persons are annulled, who, after being found lunatics on inquisition, by commission under the great seal, or after being committed to the care of trustees by Act of Parliament, shall marry without the Chancellor's declaring them of sane mind."*

If we inquire what the criminal statutes say on this head, we find that in acts of felony, "the wrongs of a madman shall not be imputed to him, for that in those cases, actus non facit rerum nisi mens sit rea, and he is amens, id est, sine mente, without his mind or discretion; and a madman is only punished by his madness."† Who then, I again inquire, is to determine the existence of this condition? Certainly, it can be determined only by the physician.

A person who is insane may discover to ordinary observers no symptom whatever of his disorder; his whole conduct may be marked by ability and composure, yet he may be under a delusion, which impels him to commit certain acts for which, undoubtedly, he cannot be regarded as legally responsible. To illustrate this remark by an example, let us take an incident in the life of HATFIELD, who was tried for shooting at GEORGE III., in Drury Lane Theatre, in 1800. That unfortunate man had a child eight months old, of which he was passionately fond. On the day on which he attempted the life of the King, he went to the bed-side of the mother, who had the infant in her arms, and whilst the tears of affection for his offspring ran down his face, he seized it, and endeavoured to dash out its brains against the wall, but, happily, the child was rescued. This man was perfectly conscious that he was the husband of the woman, and the father of the child; he knew that it was criminal to perform the act which he contemplated; but he acted "under the overruling dominion of a morbid imagination, and conceived that he was acting against the dictates of Nature, in obedience to the superior commands of Heaven, which had told him, that the moment he was dead, and the infant with him, all nature was to be changed, and all mankind were to be redeemed by his dissolution." When such thoughts were not present in the mind of this unfortunate man, all his acts were those of a rational being. Now, who can sift and determine this condition of mind, especially when it is connected with, and dependent upon, injury to the brain, from wounds inflicted upon the head, as in HATFIELD'S case; or, when it is the consequence of hereditary taint, if it be not the physician? Now, what

* Coke upon Lyttleton, Hargeave's Notes, 8vo. a. n. 1.
† Ibid, 247, b. n. 2.

is the inference to be deduced from these facts? It is this, that as a practitioner on being called on to determine the existence of insanity, must state his reasons for any opinion which he may advance upon the case, the necessity for a familiar acquaintance with the pathology of the disease is very obvious. He must have a correct notion of sound mind, and know the limits of insanity so intimately, as not to confound with it diseases which resemble it in some points, but under which a man is capable of managing his affairs as a responsible agent, and displays that regularity in conduct which entitles him to maintain, unmolested, his place in society. It may be supposed that these points might be more readily determined by individuals not of the medical profession, who have opportunities of knowing the habits and observing the ordinary conduct of the supposed madman, that a physician cannot enjoy. But this is a loose mode of reasoning: the opinions of ordinary observers, and those not of the medical profession, are seldom correct in reference to disease. From want of opportunities of seeing the malady in its various forms, the opinions of the majority of mankind regarding insanity are so vague and so extravagant as to mislead them, unless the disease display itself in *violence* and *turbulence* of conduct; and, frequently, eccentricities are mistaken for insanity, which would lead to the most distressing consequences if measures to confine individuals were permitted to be taken upon such evidence. One of the most striking features of insanity to the experienced is wholly overlooked by those unaccustomed to contemplate the disease; I refer to the cautious manner in which real madmen often evade the point upon which their madness hinges; for unless the individual who is in conversation with a madman leads him to the point, a circumstance which is seldom attempted, except by the physician, his insanity is not apparent, and he is pronounced sane. On the contrary, this "*stifling the disorder*," as it is termed, being known to the medical examiner, the conversation is frequently changed; and the decision should not be pronounced until many opportunities are afforded to ascertain its correctness.

Lord ERSKINE, in defending HATFIELD, mentioned, in his celebrated speech on that occasion, a very striking instance of the cunning with which madmen sometimes stifle their disorder. Lord ERSKINE had wasted a whole day in a vain endeavour to demonstrate to the judge and jury the insanity of an unfortunate gentleman, who had brought an action against his brother and the keeper of a madhouse for confining him in a madhouse, when he asserted his perfect sanity. He replied so well to Lord ERSKINE's queries, that the judge, the jury, and the audience believed that he was sane, and the victim of wanton oppression. At length Dr. SIMS came into court, and suggested to Lord ERSKINE to inquire whether he did not believe himself to be *Jesus Christ?* Lord ERSKINE took the hint, and pretended to lament his ignorance, and the indecency of his examination; the poor gentleman expressed his forgiveness, and with the utmost gravity, in the face of the whole court, emphatically exclaimed, "*I am the Christ!*" It is unnecessary to say how the cause ended. I would, also, refer you to another case mentioned by the same eloquent lawyer, on the same trial, published in HOWEL'S *State Trials*.*

In examining a suspected madman, we ought to be certain that we fully comprehend the character of *sound mind*. And here, Gentlemen, I cannot avoid lamenting how little attention is bestowed by those who are enteriug our profession, on the study of what is termed "the philosophy," but which I would designate the *physiology* and *pathology* of the human mind. It is the deficiency of this species of knowledge which permits the shadows of insanity imperceptibly to lengthen, till the whole darkness of its night settles upon the understanding. On the contrary, it is by an acquaintance with the philosophy of mind, that the practical physician is enabled to measure the power which the mind of his patient possesses over the train of his thoughts, and, by detecting any aberration from its usual or healthful condition, to take the earliest means to counteract a tendency to insanity; or, if the disease already exist, to distinguish between those intermissions which constitute lucid intervals, and the termination of the malady.

But, to return to the subject immediately before us; it may be reasonably demanded, What are the indications of a sound mind? The best reply, perhaps, is, that they are the converse of those of insanity; it is too general and bare a conclusion to affirm that a man whose "conduct is regular, and whose observations are pertinent," is in his senses; such states, as you have already heard, are often observed in the lucid intervals of insanity, whilst yet the disease is progressing, and whilst even it actually exists. This remark is beautifully illustrated in a case mentioned by CERVANTES, in his preface to *Don Quixote*:—

A gentleman who was insane, and had long been the inmate of a madhouse, wrote to his friends that he had recovered his senses, and although he was perfectly aware that he had been properly shut up, yet now that he was well, he trusted they would no longer force him to associate with madmen, and suffer all the miseries of the place in which he was confined. A clergyman and a physician were sent to examine

* Vol. xxvii., p. 1318.

him, and, as their report was favourable to his sanity, his friends appointed a day to restore him to liberty and society. They went to the asylum, and were rejoiced to hear him converse so sensibly, that no doubt of his sanity remained on their minds, and they prepared to take him with them. As the party descended the stairs of the madhouse, a half-naked madman, in one of the cells, called out, with a loud voice, "Where are you taking that madman? You shall repent of your folly,—for, as I am Neptune, I shall prevent any rain from falling upon the earth for many weeks, so that your crops will be burnt up and utterly destroyed." The madman, whom the party was removing, looked round upon the poor maniac who had uttered this threat, with an expression of extreme contempt. "Do not regard his threat," said he, speaking to his friends, "he says he is NEPTUNE! well, I am JUPITER, and I can make it rain whenever I please." The sequel of the story may be easily imagined, yet the unfortunate gentleman was sane on every other point.

Without, therefore, endeavouring to give you a definition or description of sanity, I shall leave you to form your idea of it from a knowledge of the symptoms of the opposite state; but before detailing these I will point out to you the characteristics of those maladies that approach so closely upon insanity, that they may be mistaken for it. In all of these a certain degree of mental alienation may exist, yet not be sufficient to deprive the patient of his liberty, or of the management, to a limited extent, of his own affairs. Among these I have not placed the delirium of ordinary fever and phrenitis, for although the actions of those who labour under the delirium of these diseases are to be regarded, so far as requires coercive restraint, in the same manner as those of the furious maniac, yet there is little chance of the two states ever being confounded.

The first of the diseased conditions of body likely to be mistaken for real insanity, is *hypochondriasis*. This is a bodily disease in which the nervous system is greatly deranged, and that chiefly owing to morbid influences blended with the habits of life; for instance, occupations which permit of little bodily exercise, and require an overstrained and continued exertion of the mind, namely, such as cause a dyspeptic state of the stomach, which is especially connected with intense application to some particular course of study of a sedentary nature, and, consequently, it is a frequent disease of literary and scientific men. But tradesmen of sedentary habits are equally the victims of hypochondriasis, more particularly tailors and shoemakers. Even when the occupation is not sedentary, if it be pursued in a solitary manner, it predisposes to the complaint. The distinction which Dr. CULLEN draws between hypochondriasis and insanity is so admirable and so correct, that it would be idle in me to attempt to improve upon it, and, therefore, I will quote it to you in his own words. Before doing so, however, I will remark that one thing may direct us in forming a diagnosis, which requires no discrimination to discover,—I mean the *age* of the patient, hypochondriasm seldom making its attack until after the middle period or prime of life, whereas melancholic mania generally appears before that period. "Hypochondriasis," says CULLEN, "I would consider as being always attended with dyspeptic symptoms, and though there may be at the same time an anxious melancholic fear, arising from those symptoms, yet, while this fear is only a mistaken judgment, with respect to the state of the person's own health, and to the danger to be thence apprehended, I would still consider the disease as hypochondriasis, and as distinct from the proper melancholia. But when an anxious fear and despondency arise from a mistaken judgment with respect to other circumstances than those of health, and more especially when the person is at the same time without any dyspeptic symptoms, every one will allow this to be a disease widely different from both dyspepsia and hypochondriasis." The truth of this distinction must be admitted by every one who has ever seen the two diseases. The flatulence, the acid eructations, the discharge of pale urine, vertigo, palpitations, and the inability to engage in any thing requiring vigour or courage, distinguish hypochondriasis so far as regards corporeal symptoms. So far as regards the mental feelings, one of the most striking features which distinguish hypochondriasis from insanity is, that of the erroneous ideas which the hypochondriac conceives generally concerning his health, or the state of his bodily frame; whereas, in melancholia, they consist of various phenomena of grief, despondency, and despair. The patient is always anticipating some future misfortune; despondency not only clouds the scene of his present existence, but overshadows the unknown regions of futurity, especially when the turn of the disease is that which is termed religious madness; and as this species of insanity is often accompanied by the same constitutional symptoms which characterize hypochondriasis, namely, dyspepsia, torpor of the bowels, and anorexia, it is not wonderful that that disease is often confounded with it.

The dread of death generally haunts the mind of the hypochondriac, and it is this morbid apprehension which embitters his life; yet "he prefers the rack upon which he is stretched to the repose of the grave." When he becomes indifferent to his fate, then the applications of art powerfully aid the operations of nature, and he is restored

to that health which he in vain sighs for when the inordinate fear of death constantly haunts his imagination. When remorse becomes a feature of this disease, and there is a disposition in the patient to calumniate himself for some fancied error, to consider as misconduct that which is merely mischance,—in this state of the mind hypochondriasm amalgamates, as it were, with insanity, and frequently terminates in it. This is often merely the consequence of a dyspeptic state of the digestive organs, brought on by too close application to one course of study; the imbecility of mind which it produces becomes perceptible to the hypochondriac; he supposes that it has arisen from lost opportunities of improvement; he shuns society; if a literary man, he pores over his books, yet finds that he gains nothing; fancies that he knows nothing, and falls into despair; the depressed condition of the mind deranges the entire functions of the nervous system, and insanity is the result.

Another distinguishing feature of hypochondriasis is pointed out by FODERE, connected with the selfish feelings which predominate. The hypochondriac is credulous, variable, and timid; the *melancholic madman* is reserved and prudent, but neither devoid of courage, nor incapable of generous and noble sentiments. The hypochondriac may talk of suicide, from being able to reason more accurately on the nature of good and evil, but unless the disease changes its character, and slides into insanity, he never accomplishes the act. In another point of view, also, the hypochondriac differs widely from the madman; his feelings and affections are in a natural state; those of the madman, in every form of insanity, are in an unnatural and perverted state, and form the most characteristic features of the disease.

Hypochondriasm, however, is often attended by illusions closely bordering on hallucination, and when these occur it is difficult to distinguish this disease from insanity. I do not here refer to the whims and caprices of the hypochondriac, so well and ludicrously described by POPE:—

"Here living tea-pots stand, one arm held out,
One bent; the handle this, and that the spout:
A pipkin there, like Homer's tripod, walks;
Here sighs a jar, and there a goose-pie talks;
Men prove with child, as powerful fancy works,
And maids turn'd bottles, call aloud for corks."

Such fancies as these belong to hallucination, which consists in an idea embodied by the imagination, and so associated with the ordinary affairs of life as to be constantly reproduced by the memory; and when such illusions accompany hypochondriasis, the patient has become a mono-maniac, but not a lunatic in that sense of the term which unfits a man to conduct his affairs, or require coercion or confinement. A beautiful illustration of this symptom of hypochondriasm is found in the interesting story of the celebrated NICOLAI, of Berlin, drawn up by himself; it is too long to read to you; you will find it in FERRIAR on Apparitions, and in HASLAM's pamphlet on Medical Jurisprudence, as it relates to insanity. NICOLAI, who was a man of letters, and possessed of great talents, was, all along, conscious that the spectral forms which haunted him were delusions, otherwise the disease certainly would have been correctly regarded as insanity.

I cannot refrain from relating to you a very curious instance of hallucination recorded by Sir WALTER SCOTT, in his letters on Demonology. The gentleman who experienced it never divulged it till a short time before his death, when the following circumstances placed his physician in possession of his secret:—

"* * * Every one else was removed, and the door of the sick-room made secure, when he began his confession in the following manner:—'You cannot, my dear friend, be more conscious than I that I am dying under the oppression of the fatal disease which consumes my vital powers; but neither can you understand the nature of my complaint, and the manner in which it acts upon me, nor if you did, I fear, could your zeal and skill avail to rid me of it.'—'It is possible,' said the physician, 'that my skill may not equal my wish of serving you, yet medical science has many resources, of which those unacquainted with its powers can never form an estimate. But until you plainly tell me your symptoms of complaint, it is impossible for either of us to say what may or what may not be in my power, or within that of medicine.'—'I may assure you,' replied, the patient, 'that my case is not a singular one, since we read of it in the famous novel of LE SAGE. You remember, doubtless, the disease of which the DUKE DE OLIVAREZ is there said to have died?'—'Of the idea,' answered the medical gentleman, 'that he was haunted by an apparition, to the actual existence of which he gave no credit, but died, nevertheless, because he was overcome and heart-broken by its imaginary presence.'—'I, my dearest Doctor,' said the sick man, 'am in that very case; and so painful and abhorrent is the presence of the persecuting vision, that my reason is totally inadequate to combat the effects of my morbid imagination, and I am sensible I am dying, a wasted victim to an imaginary disease.' The medical gentleman listened with anxiety to his patient's statement, and for the present judiciously avoiding any contradiction of the sick man's preconceived fancy, contented himself with more minute inquiry into the nature of the apparition with which he conceived himself haunted, and into the history of the mode in which so singular a disease had made itself master of his imagination, secured, as it seemed, by strong powers of the understanding, against an attack so irregular.

The sick person replied by stating, that its advances were gradual, and at first imperceptible, and not of a terrible or even a disagreeable character. To illustrate this, he gave the following account of the progress of his disease:—'My visions,' he said, 'commenced two or three years since, when I found myself from time to time embarrassed by the presence of a large cat, which came and disappeared I could not exactly tell how, till the truth was finally forced upon me, and I was compelled to regard it as no domestic household cat, but as a bubble of the elements, which had no existence, save in my deranged visual organs, or depraved imagination. Still I had not that positive objection to the animal entertained by a late gallant Highland chieftain, who has been seen to change to all the colours of his own plaid, if a cat by accident happened to be in the room with him, even though he did not see it. On the contrary, I am rather a friend to cats, and endured with so much equanimity the presence of my imaginary attendant, that it had almost become indifferent to me; when, within the course of a few months, it gave place to, or was succeeded by, a spectre of a more imposing sort, or which, at least, had a more imposing appearance. This was no other than the apparition of a gentleman-usher, dressed as if to wait on a lord-lieutenant of Ireland, a lord high-commissioner of the kirk, or any other who bears on his brow the rank and stamp of delegated sovereignty. This personage, arrayed in a court-dress, with bag and sword, tamboured waistcoat, and chapeau-bras, glided beside me like the ghost of Beau Nash; and whether in my own house or in another, ascended the stairs before me, as if to announce me in the drawing-room; and sometimes appeared to mingle with the company, though it was sufficiently evident that they were not aware of his presence, and that I alone was sensible of the visionary honours which this imaginary being seemed desirous to render me. This freak of the fancy did not produce much impression on me, though it led me to entertain doubts on the nature of the disorder, and alarm for the effect it might produce on my intellects. But that modification of my disease also had its appointed duration. After a few months the phantom of the gentleman-usher was seen no more, but was succeeded by one horrible to the sight, and distressing to the imagination, being no other than the image of death itself,—the apparition of a *skeleton*. Alone, or in company,' continued the unfortunate invalid, 'the presence of this last phantom never quits me. I in vain tell myself a hundred times over that it is no reality, but merely an image summoned up by the morbid acuteness of my own fevered imagination and deranged organs of sight. But what avail such reflections, while the emblem at once and presage of mortality is before my eyes, and while I feel myself, though in fancy only, the companion of a phantom representing a ghastly inhabitant of the grave, even while I yet breathe on the earth? Science, philosophy, even religion, has no cure for such a disorder; and I feel too surely that I shall be the victim of so melancholy a disease, although I have no belief whatever in the reality of the phantom which it places before me.'

"The physician was distressed to perceive, from these details, how strongly this visionary appearance was fixed in the imagination of the patient. He ingeniously urged the sick man, who was then in bed, to furnish him with questions relative to the circumstances of the phantom's appearance, trusting he might lead him, as a sensible man, into such contradictions and inconsistencies as might bring his common sense, which seemed to be unimpaired, so strongly into the field, as might combat successfully the fantastic disorder which produced such fatal effects. 'This skeleton, then,' said the Doctor, "seems to you to be always present to your eyes?"—'It is my fate, unhappily,' said he, 'always to see it.'—'Then I understand,' continued the physician, 'it is now present to your imagination?' 'To my imagination it certainly is so,' answered the sickman. 'And in what part of the chamber do you now conceive the apparition to appear?' the physician inquired. 'Immediately at the foot of my bed; when the curtains are left open a little,' answered the invalid, 'the skeleton, to my thinking, is placed between them, and fills the vacant place.' 'You say you are sensible of the delusion,' said his friend; 'have you firmness to convince yourself of the truth of this? Can you take courage enough to rise, and place yourself in the spot so seeming to be occupied, and convince yourself of the illusion?' The poor man sighed, and shook his head negatively. 'Well,' said the doctor, 'we will try the experiment otherwise.' Accordingly, he rose from the chair by the bed-side, and placing himself between the two half-drawn curtains at the foot of the bed, indicated as the place occupied by the apparition, asked if the spectre was still visible?' 'Not entirely so,' replied the patient, 'because your person is betwixt him and me, but I observe his skull peering above your shoulder.' It is alleged that the man of science started on the instant, despite philosophy, on receiving an answer ascertaining, with such minuteness, that the ideal spectre was close to his own person. He resorted to other means of investigation and cure, but with equally indifferent success. The patient sank into deeper and deeper dejection, and died in the same state of mind in which he had spent the latter months of his life; and his case remains a melan-

choly instance of the power of the imagination to kill the body, even when its fantastic terrors cannot overcome the intellect of the unfortunate person who suffers under them. The patient in the present case sank under his malady; and the circumstances of his singular disorder remaining concealed, he did not, by his death and last illness, lose any of the well-merited reputation for prudence and sagacity which had attended him during the whole course of his life."*

Notwithstanding the continued illusion in this case, there was no insanity; the hypochondriac had no belief in the reality of the spectral form which haunted him: if such had been the case, his disorder would no longer have been hypochondriasis, but true insanity. Thus, in the case of the baker of Ferrara, recorded by DONATUS, who believed that he was made of butter, and on that account would not approach the oven lest he should melt, the disease was no longer hypochondriasm, but true insanity. These illusions depend both on corporeal and mental causes: when they proceed from the former the health of the brain remains entire, the patient is a reasonable man in all other respects; when from the latter, the brain is always disordered either by the unequal exercise of it, or hereditary predisposition. Thence the difficulty in distinguishing between hypochondriasis and insanity, when hallucinations are present, for they occur in both, is undoubtedly great; but in one respect differ,—the hypochondriac does not believe in their reality, and they are in him only transient, whereas in the insane they are not only permanent and fixed, but there is also a rooted conviction of their reality, an implicit belief in the delusion.

But, notwithstanding this test, many cases have been recorded as instances of hypochondriasm which should, apparently, have stood as cases of insanity; as a proof of which I shall mention a case related by MARCUS DONATUS, of one VICENTINUS, who imagined that he was of such an enormous size that he could not go through the door of his apartment. He was led forcibly through it, and believed that, in the passage, the flesh was torn from his bones, and that his limbs were broken off. In a few days he died of this impression, accusing those who had conducted him of being his murderers. Now, in this instance the erroneous idea of his size might be regarded as hypochondriacal; but it is difficult to conceive that the conviction of the effects of forcing him through the passage could have been so deeply rooted in a sane mind. Notwithstanding the apparent amalgamation of hypochondriasis and insanity, attention to the circumstances which I have pointed out will generally enable you to discriminate between hypochondriasm and insanity.

* Scott's Demonology, Letter I., p. 28.

LECTURES
ON THE
PHYSIOLOGY OF THE NERVOUS SYSTEM,

DELIVERED IN 1836, IN THE COLLEGE OF FRANCE.

By M. MAGENDIE.

Lecture XV.

Resumé of previous Statements and Experiments. The Vidian Nerve, a retrograde Branch of the Fifth. The Treatment of Facial Diseases. Special Sensibility of the Nerves of the Head. The Optic and Olfactory Nerves entirely destitute of general Sensibility. Which Nerve, the Fifth or the First, presides over the special Sensibility of the Organ of Smell? Experiments on a Frog and a Dog. Qualified Conclusion in favour of the Fifth. Animals which possess no Olfactory Nerve.

GENTLEMEN:—In my last lecture I took a rapid view of the different branches of the fifth pair of nerves, and examined the influence which the latter exercises over the various parts of the face, and some of the "organs of sense," properly so called. You saw how one of these branches, and that a considerable one too, was distributed to the masseter, the buccinator, and the pterygoid muscles; another to the palpebræ, conjunctivæ, and forehead; while the principal portion of the nerve, having furnished some filaments to the nares and all the teeth, is lost in the integuments covering the anterior region of the face, about the cheeks and chin. I entered into these anatomical details merely for the purpose of showing you how the extensive distribution and communications of this nerve enabled it to exercise a very wide-spread influence over the sensibility of the face. I also drew your attention to an anatomical fact which is worthy of your attention in more than one point of view, viz., the numerous anastomoses which exist between the filaments of the fifth nerve with those of the seventh, and the possibility of more attentive examination discovering the more intimate relations of these two nerves. I also spoke to you of the nerve which is supposed to preside over the sense of smell; and an experiment which I performed before you demonstrated, in a very clear and positive manner, that this nerve also may be irritated, and even destroyed, without the animal's exhibiting the least manifestation of sensibility.

Here is the rabbit on which we performed the experiment alluded to at our last meeting. When I touch the inside of the nostril the sensibility seems to have undergone no modification of any kind. You would imagine that both the first and fifth nerves were in a state of perfect integrity, but this is not

the case; I am pleased at the experiment having been so successful, for it is one in which we are apt to fail.

Hence, in examining whether the anatomical dispositions of the fifth pair of nerves corresponded or not with the physiological phenomena of the nerve, we found a very close connection between them both. There is scarcely a point of the face which does not receive a filament from some of the branches of the fifth pair of nerves, and you all know how extremely sensible is this portion of the body; for, as we showed, the filaments of that nerve communicate sensibility.

The distribution of the fifth nerve is not confined to sending its filaments forwards to the integumentary covering of the face; it also sends *retrograde* branches, as, for example, the vidian nerve, which enters the petrous portion of the temporal bone, and there takes the name of chorda tympani. This, Gentlemen, is a very curious anatomical fact; but, unfortunately, it is not always that we can discover a connection between anatomical distribution of the nerves and their physiological phenomena, though, undoubtedly, such connection invariably exists.

Finally, we entered on an examination of the question, Whether anatomy could furnish us with any explanation of the manner in which one nerve influences the functional action of another nerve; and we demonstrated, as clearly as the nature of the subject would permit, that it is not by simple anastomosis, or communication of filaments, that the seventh nerve receives its sensibility from the fifth. Some doubt, however, still hangs over this point of physiology; to determine it, rigorously, we should examine and experiment on the anastomoses of these nerves in the living body, and it is unnecessary for me to say how very difficult this would be. Such is the state of the science, as it exists at the present day: imperfect, it is true, but progressing.

The physiological facts just mentioned are a foundation on which many practical views in medicine must be built. The "facial nerves" (including under this term all the various branches which are distributed over the face) must evidently play an important part in many of the diseases which manifest themselves in this region of the body, and in many of them the lesion is strictly confined to the nervous system. In this latter case, the facts we have established render your practice sure, whereas, formerly, the physician was compelled to practice at hazard. Henceforward you will know when to address your remedies to the seventh pair of nerves, and when you should act exclusively on the fifth pair. It is also evident that an accurate knowledge of the anastomoses of these two nerves may be highly useful in a therapeutical point of view, for when we know accurately the point of the nervous system which is diseased, in paralysis, for example, we apply galvanic or other stimuli to the nervous branches which suffer, and thus act in the most efficacious manner possible.

Having said thus much touching sensibility in general, let us turn our attention to *special sensibility*, or to that species so peculiar to the organs of sense. A natural course would be that of examining sensibility in all the nerves of the human body, and then ascend to those of the senses; but as yet we have merely spoken of the nerves of the head: these latter are amongst the most interesting; we shall, therefore, confine our inquiry, at present, to the special sensibility of the nerves of the head.

There are certain portions of the cephalic nervous system which enjoy no degree whatever of general sensibility; the optic and olfactory nerves, destined, as their names indicate, for two of the special senses, are completely destitute of general feeling. This fact, which we have repeatedly demonstrated on the living animal, is one that is perfectly new. The physiologists of the last century, who built their systems on conjectures and not on experiments, could never have devined, or even given credence to, the fact of which you yourselves were witnesses, when last we met. The phenomena of special sensibility have been subjected to the test of experimennt, as well as those belonging to general sensibility; and the peculiar disposition of the organs with which they are connected has been carefully studied by the most distinguished anatomists. The labours of the latter have not been entirely lost; they show us the connexion and harmony existing between the distribution of those nerves, in their organic apparatus, and the functions they are destined to fulfil. Thus, for example, with respect to the sense of smell, we find in the nostrils and nasal fossæ a disposition of parts which is similar, in general plan, to what we observe in the lungs, viz., an arrangement which is destined to augment the sentient surface, without any incommodious increase of bulk, as in the lungs we have an immense space exposed to the action of air in a, comparatively, very small compass. A disposition of this kind is evidently well calculated to receive a large mass of air charged with odoriferous particles, and so far an anatomical knowledge of the organ of smell illustrates its physiological qualities; but this alone would never enable us to pronounce on the nature of the sensibility which resides in the mucous tissue of the nares, or to decide whether its special sensibility be connected with one nerve rather than another,—depend on the first pair, for example, rather than on the fifth.

If, as anatomists, we examine the branches of the fifth pair of nerves which are distri-

tributed to the interior of the nasal fossæ, and the ultimate filaments of the first pair, we shall in vain seek to discover any relation or analogy between their physical dispositions and the sense of smell, or the function attributed to one of them. Anatomy, then, leaves us in the dark, and we must address ourselves elsewhere for an answer to the question, which of these two nerves presides over the special sensibility of the organ of smell? Let us commence our examination of this question as if physiology were in its infancy, and as if we had acquired no idea or knowledge whatever upon the point in question. And first, if we examine what history says touching the matmatter in debate, we must go back to the authors of the preceding century.

Schneider was the first anatomist who positively established that the "mamillary processes" of the ancient writers *(olfactory bulbs)* descending through the foramina of the cribriform plate of the œthmoid bone, were disturbed by numerous filaments over the mucous membrane of the nasal fossæ; hence he concluded that these were the olfactory nerves. The same question occupied the attention of the great Italian anatomist, and gave rise to the beautiful work of Scarpa on the organ of smell. But here, again, I must put the question—"Are these anatomical discoveries, however brillant, sufficient to reveal the functions of the nerve whose disposition was thus minutely established?" Certainly not. The anatomical structure, or disposition, of a nerve, presents no analogy or relation whatever to the function of that nerve, at least none that we can discover; this is allowed on all hands. At the time in which Schneider wrote it is not surprizing that he should have concluded what was the functional action of a nerve from its anatomical disposition, for at that period of the science theories were received without scruple, and men took little or no pains to obtain direct or experimental proof of what they advanced. Now-a-days, however, circumstances are changed; the empire of facts gains daily more and more influence: and should experimental physiology demonstrate the contrary of what has been so long taught and believed with respect to the functions of the olfactory nerve, we must needs sacrifice our ancient prejudices to truth.

You have seen that we can distinguish, in the living body, the special sensibility of the nasal fossæ from their general sensibility; you also had an opportunity of convincing yourselves that if the first pair of nerves be really the special nerve of smell, at least it exercises no influence over the sensibility of the nares. However, it remains to be seen (but, unfortunately, the experiment is a very difficult and complex one) whether the sense of smell would survive after the fifth pair of nerves was completely destroyed. This, it seems to me, is the only method of deciding the question in a rigorous manner. If we argue from the facts which pathological anatomy presents us with, the question is already decided in favour of the fifth pair, for numerous pathological phenomena demonstrate that the special sensibility of the organ of smell may be lost, while its general sensibility remains intact; but, on the contrary, that it is impossible to destroy the general sensibility without, at the same time, modifying the special more or less profoundly, unless we admit, indeed, the untenable opinion that each different odour acts on the olfactory apparatus in a manner which is essentially different from that in which the rest operate. An immense number of experiments has proved to us that burning, pricking, irritation with strong vapours, &c., produce no effect whatever on the mucous membrane of the nares in the living animal after the fifth pair of nerves has been divided. The olfactory nerve exists in most classes of animals, but it is developed in the reptile tribe to a very remarkable degree; hence it would be desirable to peform a series of experiments on this nerve in reptiles; but these animals, generally speaking, do not answer well for experiments of any kind; besides, the extreme degree of sensibility which many of them possess might very readily lead the observer into error. [Here the professor passed under the nose of a frog the stopple of a flask which contained some ammonia, and the animal immediately gave signs of acute feeling.] You see (said M. Magendie) what has happened; however, we must try the experiment. I now destroy with the scalpel the bulbs of the olfactory nerves, and leave no connection whatever between the anterior portion of those nerves and the cerebral hemispheres; in doing this I am forced to destroy a good deal of the brain; this has been the cause of our experiments failing. You observe the convulsive movements with which the little animal, who before lay so quiet, has been just seized; it is because I injured a portion of the optic thalami.

Let us try and be more careful in our second. Here is another frog: I have destroyed, in the most complete manner, the connection between the olfactory nerves and the brain, without, as in the last case, injuring any important part of the cerebral hemispheres; I now pass the ammonia under the animal's nostrils, and you all see how it exhibits just as much symptoms of sensibility as it did before the destruction of the olfactory nerves. The experiment you have just witnessed, Gentlemen, would be decisive were it not for one circumstance which takes away a good deal from its value. The integumentary covering of the frog is highly sensible, and hence the result obtained by applying ammonia to its nostrils, as well as

the results of various other experiments, may, very possibly, belong to the general sensibility of the skin, and not to the special sensibility of the nerves, as an organ of smell. Comparative anatomy, from whose study we derive so many interesting and valuable facts, teaches us that certain animals, the cetaceæ, for example, do not possess an olfactory nerve; yet persons who have had an opportunity of observing those animals assure us that they enjoy the sense of smell. It would be highly interesting to determine whether the sense of smelling in these animals is furnished by the fifth pair, a conjecture the more probable that nearly the whole of this nerve is distributed to the nasal fossæ.

But to continue our experiments. Here is a young dog in which I have laid bare the anterior portion of the lobes of the brain; I now divide across the bulbs of the olfactory nerves, and separate them entirely from the brain; but I beg you to remember that, before commencing the experiment, I passed some ammonia under the dog's nose, and the animal was perfectly sensible to the odour. Now, if the sensibility to the same odour persists after the destruction of the olfactory nerve, you will be compelled to allow that the olfactory nerve is not indispensable to the sense of smell; if, on the contrary, all perception of odour ceases, you may conclude with certainty that it is really the agent which presides over the sense in question.

The experiment which we have just performed gives rise to another consideration, of which we have already made mention, viz., whether the fifth pair of nerves, in addition to its general sensibility, does not possess the faculty of giving to the first pair the power of special perception of the objects of smell. It would be curious enough to determine, by experiment, how far a nerve of general sensibility can communicate special sensibility to another. However, let us continue our experiment.

The olfactory nerves have been completely divided; we shall, therefore, sew up the wound in the head, to avoid the development of irritation in the brain; and having now done this, will proceed to determine how far the sense of smelling exists. I place, as you see, some ammonia under the nose of the dog, and the animal gives the most unequivocal signs of sensibility. The experiment, however, would be much more complete if the animal gave not only symptoms of general sensibility, but some proof of his being able to discern odours; for example, if he could distinguish a bit of meat from a morsel of cheese. [Here the Professor placed a morsel of cheese under the dog's nose, at some little distance. The animal made no attempt at eating it, however; he passed his nose over the cheese.] Even still (said M. Magendie) I do not consider the experiment as completely conclusive. If the animal continue to live and eat we shall endeavour, at our next meeting, to determine more precisely the nature of his sensations.

We can only arrive at precise notions on sensibility by means of two experiments, very distinct from one another; the first consists in destroying the fifth pair of nerves, and then observing how far the sensibility of the special nerves is influenced; the other consists in destroying the special nerves, and observing sensibility as it resides in the fifth, isolated from all others.

As to the pathological facts which come to our aid in the solution of this question, we possess several, very valuable. I have seen a lesion of the fifth pair completely destroy the sense of smell, and of sensibility in general. In other cases, on the contrary, where the lesion has occupied the olfactory nerve, the sense of smell has continued. However, arguments which are drawn from pathological phenomena are not of the best kind.

ONE YEAR'S

MIDWIFERY CLINIC AT PRAGUE.

THE first Number of *Stiff't's and Raimann's Annual*, vol. xx., contains a Report, by Professor JUNGMANN, on the Midwifery Clinic at Prague, for the year 1835, from which we select the following particulars:—

The number of patients received during the year amounted to 1,153. The number of women delivered amounted to 1,111. The "annual constitution" was highly inflammatory, evincing itself by the number and variety of inflammatory affections under which the pregnant women suffered; such affections, for instance, as rheumatic, gastric, and typhoid fevers. Puerperal fever, or, rather, its premonitory symptoms, manifested itself in a great number of cases, from eight to two days before delivery, and then ran a most rapid and fatal course. Of the 1,111 deliveries, 1,093 were single. Eighteen patients gave birth to twins.

Presentations.—The positions of the head may be arranged as follows:—Vertex-presentations, 1,043.—Side of the head, 35.—Face-presentations, 6.—Presentation of the buttocks, 17.—Knee, 1.—Feet, 16.—Shoulders, 7.—Transverse presentations of the trunk, 4.

Labour terminated naturally in 1,072 cases. It was terminated by turning the head in 1.—By turning the feet, in 15.—By extraction by the feet, in 4.—With the forceps, in head presentations, in 29; in breech presentations, in 8.—The placenta was separated with the hands in 16.

In the 18 *twin-births*, the presentations were,—Summit of the head (both), 7.—With the breech (both), 1.—Right shoulder (both), 1. The remainder presented the following varieties:—First child, summit of the head; second child, breech; 2 cases. First child, breech; second child, with lateral presentation of the thorax; 1 case. —First child, forehead; second child, breech; 1 case. First child, head; second child, feet; 1 case.—First child, breech; second child, head; 1 case, &c.

Prolapsus of the chord occurred in several cases. In one of these it presented with the left foot and the right hand. The child was turned and saved. In another case it presented with the hand; the chord was returned, and labour terminated without any accident to the infant. In three cases the prolapsus of the chord was occasioned by the too great size of the pelvis. In two of these three cases the children were turned by the feet, and extracted alive; but in a third case, also, the chord was returned, and the forceps were immediately applied; the child was born dead. On the whole, in six cases of prolapsus of the chord (pulsation of its arteries existing), the result was rather favourable, four children being saved. One was born apparently dead; the other died during delivery. Two of these cases were, besides, complicated with protrusion of the hand, which in one case presented with the head; in the other with the breech: they were both left to nature, and terminated, fortunately, without any assistance.

Uterine hæmorrhage occurred in a few cases during labour, and always depended on some irregular implantation of the placenta. In one case the placenta was attached to the neck of the uterus, and the child extracted by the feet; in another it was necessary to employ the forceps, from a too early separation of the placenta; and in a third, the accidents were accompanied by violent convulsions. This latter case presented some remarkable circumstances; the rupture of the membranes was attended with one convulsive attack; the sudden expulsion of the child seemed to give rise to another; while a third attack accompanied the expulsion of the placenta. The patient had seven attacks of severe eclampsia, terminating in sopor; they were successfully treated with *castoreum*, and a relapse was prevented by the use of revulsives.

Puerperal fever was developed in a few cases *during* labour; it was always fatal, and terminated on the third day after delivery.

The operation of turning was performed sixteen times, a proportion which is very great for a German school, but explained, in this instance, by the unusual number of abnormal presentations. One case of *spontaneous evolution* (called by the German author "self-turning"), was observed; the child presented the shoulder; attempts were made, during several hours, to change the position to one of the head. These were unsuccessful, but in a short time the presentation changed of itself into one with the feet.

Turning by the head was performed in one case. The child was large, and the pelvis small; the os tincæ was moderately dilated, the membranes were thick, and the waters excessively abundant, amounting to at least fifteen pounds. The child's head was found resting on the right iliac bone, and was brought into the ordinary position by careful manœuvring with the hands, one placed on the abdomen, the other introduced into the vagina; the change of position was effected in a quarter of an hour, but the labour pains became weak, and the use of the forceps being indicated, the child was extracted dead.

Turning by the feet was performed fifteen times under the following circumstances:—1st. In two cases the operation was rendered necessary by severe flooding, from attachment of the placenta to the neck of the uterus. The women had been attacked with flooding during the last months of pregnancy, and the accident was repeated with such violence, during labour, that it was necessary to extract the child without loss of time: both mothers were relieved for the time, but died some weeks after, one from puerperal fever, the other from a constant draining of blood. One child was born alive, and healthy, the other dead. 2ndly. Turning by the feet was performed in three cases of head-presentation; two for prolapsus of the chord; and one from narrowness of the pelvis, where the forceps had been tried without success. The two first terminated well; in the third case both mother and child perished. 3rdly. In five cases from presentation of the shoulder. 4thly. In three cases of transverse presentation of the chest. 5thly. In one case of presentation of the hand, foot, and umbilical chord. Finally, in one case of shoulder presentation, with prolapsus of the chord.

The result of the above fifteen operations was,—two children born in a state of putrefaction; three dead before the operation; three dead during the operation; one born apparently dead, and died soon after; six born alive. The death of the three children during the operation was caused by the necessity of employing the forceps for the extraction of the head.

Extraction by the feet.—This was performed in four cases,—in three occasioned by presentation of the feet, with procidentia of the chord, and in another case by enclavement of the buttock and arm in a narrow pelvis. Two of the women died, one from puerperal fever, the other from gangrene of the uterus; two of the children, however, were saved.

The forceps were employed thirty-seven times in 1,129 cases, or about three times in every hundred cases; namely, in twenty-nine cases of head presentations; in eight cases after the feet and breech had been expelled.

Most of the mothers (twenty-four in thirty-seven) were pregnant for the first time. The greater number of operations was difficult, and occasioned by some mechanical obstruction to delivery. Enumerating the cases, we find them thus:—In two cases, contraction of the pelvis in all its dimensions. In three, absolute contraction of the superior diameters of the pelvis. In three, smallness of the outlet. In one case, from oblique position of the head, with weak labour pains. In one, the fourth vertex presentation. In five, an oblique position of the head in the cavity of the pelvis. In six, from disproportion of the head to the pelvis. In one, from face presentation, with atony of the uterus. In one, from the second face-presentation, with violent puerperal fever. In two, from severe inflammation of the uterus. In one, from complete atony of the organ. In one, from prolapsus and eversion of the vagina. In one, from flooding. In seven cases, retention of the head after the feet and breech had been extracted.

The results of the forceps' operations were not very unfavourable. Thus, five died before the application of the instrument; five died during the operation; two were born in a state of asphyxia, from which they did not recover; two died before the seventh day after birth; twenty-three were born sound and healthy.

As to the mothers of the thirty-seven patients, twenty-five recovered, and twelve died from the following accidents:—Puerperal fever, six. Gangrene of the uterus and intestines, four. Inflammation of the uterus, 1. Secondary hæmorrhage, one.

Artificial separation of the placenta was practised in sixteen cases, and in two cases this rapidly developed puerperal fever, which terminated in death. In two cases the operation was rendered necessary by implantation of the placenta over the orifice of the uterus. In two other cases, from partial separation of the placenta during labour; and in twelve cases from adhesion. In one case the practice first proposed by Professor Mojon, of Geneva, of injecting cold water through the umbilical vein was tried, but without any result.

ON REPLACEMENT OF THE UMBILICAL CHORD,

IN CASES OF PROLAPSUS, &c.

In the *Berlin Medical Gazette*, No. 14, we find a paper on the above subject, by Dr. Aug. Rucker. The practice recommended by most of our own writers on midwifery, and by many foreign authors, in cases of prolapsus of the umbilical chord, is to apply the forceps, or turn and extract the child as quickly as possible. Denman considers that attempts at replacing the umbilical chord will seldom or never succeed, as the funis is generally forced down again on the return of the pains.—(*Midwifery*, p. 452.) This latter assertion of the English accoucheur cannot be founded on very extensive trial of the practice alluded to by him, for Madame Lachapelle assures us that she has almost always been able to return the chord, and thus save the child's life, while the paper now before us affords very convincing proofs of the propriety of this method when properly followed up.

In a treatise published in the year 1833, Dr. Michælis insisted strongly on the necessity of returning the funis in all cases where the presentation of the child did not differ very much from the natural one. The results obtained by this practice, when compared with those of extraction by the feet, or the forceps, present it under a favourable light. On comparing the mortality produced by the forceps, or the operation of turning, in the midwifery schools at Kiel, Marburg, Dresden, Göttingen, and Wurzburg, is about 24 per cent.; while in 100 cases of reposition of the funis, only eighteen children are lost. In many cases reposition is the only practice that can possibly be adopted, because the os uteri is not sufficiently dilated to admit of turning, or the application of the forceps, which, besides, may be contraindicated by extreme irritation of the generative organs. The objection of Denman, and several other writers, that the operation is useless because the funis constantly redescends, is not only refuted by experience, but by what we know of the mechanism of delivery. In normal cases the head of the child is closely embraced by the vaginal portion of the uterus; this contraction is propagated from below upwards, extends gradually to the whole organ, and when once formed, persists even in the *interval of the pains*. This permanent contractility of the uterus tends to press up the chord when once replaced, and is one of the principal causes of the child's death in prolapsus of the funis, by the constant pressure it exercises on the prolapsed part. Such, at least, is the theory of our author.

In cases of contracted pelvis, a frequent cause of prolapsus of the chord, the latter can only be returned before the head has been forced into the pelvis. When the narrowness of the pelvis does not admit our acting with the hand, the author recommends a strong, elastic catheter, of from twelve to sixteen inches in length, and armed with a double silk cord, which is brought out at one of the eyes of the instrument, passed round the chord, and fixed again in the catheter, by means of a moveable stylet. In this way the loop of umbilical chord, firmly attached to the end of the catheter, may be easily returned into the uterus, when the ligature is withdrawn by removing the stylet.

The author supports the practice which he advocates by eleven cases, in nine of which the children were born alive. The following will serve as an example:—

CASE.—A woman, whose two previous labours were difficult, became pregnant a third time. The cavity of the pelvis was normal, perhaps even a little wide, but the conjugate diameter of the inlet did not measure more than three inches and a half. In about three hours after the commencement of labour, the os uteri was fully dilated, and occupied by the membranes, in which could be felt a pulsating coil of the funis, and the left hand of the infant, whose head lay on the edge of the pelvis at the left side. The author immediately replaced the chord and hand without injuring the membranes, and ordered the woman to lie on her left side; the child's head at once occupied the inlet in the first position, when the author ruptured the membranes, and in a few seconds felt the whole of the vaginal portion of the uterus firmly contracted round the head. A strong, healthy child was born alive in about nine hours, although a deep furrow, from pressure of the sacro-vertebral angle, was marked on its skull. In this case turning by the feet would almost, to a certainty, have been followed by the child's death, while the forceps was still less to be thought of.

INSTANCE OF THE

CÆSAREAN OPERATION

SUCCESSFULLY PERFORMED.

To the two cases extracted from German Journals, into THE LANCET of February 25, we now add a third case, from *Kleinert's Repertorium*, (Aug. 1836, p. 67, &c.), in which the Cæsarean Operation was performed by Dr. N. MEYER.

CASE.—The subject of this case was a woman thirty-eight years of age; had generally enjoyed good health; and given birth to three children, without any difficulty or accident. For the last two years, however, she suffered from rickets, and was almost constantly confined to bed. On the evening of the 19th of June the first labour pains manifested themselves, and a physician was called in next morning, and he recognized the necessity of either perforating the child's head, or performing the cæsarean operation. The patient herself, in the lowest state of poverty, lay in a small, unwholesome chamber; the whole body was covered with filth and eruption; the lower extremities swollen, and she was tormented with a painful cough, and vomited from time to time. The promontory of the sacrum and the symphysis pubis were so close to one another, that the point of the index finger could scarcely pass up beyond the inlet of the pelvis. Perforation of the head would have been of no avail in the present instance; the cæsarean operation was, therefore, proposed, and accepted by the patient.

On attempting to place her in a convenient position for the operation, it was found that the dorsal and sacral vertebræ were joined by anchylosis, and that it was impossible to place the woman in the recumbent posture. The parietes of the abdomen hung so completely over the thighs, that only a space of four inches could be obtained between the umbilicus and pubis.

The operator made his incision through the linea alba, as he had done in three previous cases, both to avoid any hæmorrhage, and make the wound in the uterus correspond as closely as possible with that in the abdominal parietes. On making an incision of four inches in length, through the abdominal wall and peritoneum, a good deal of serum escaped from the cavity of the abdomen; the incision of the uterus fell exactly over the placenta, with no other inconvenience than some little obstacle to the extraction of the child. It is remarkable that, in the present case, the parietes of the uterus were not above three lines. The placenta was easily seized, and extracted without any loss of blood, when the right knee of the child presented itself, and the infant extracted, without any great difficulty. The vomiting, which now set in, rendered it a matter of considerable trouble to return the intestines; this was at length done, and when the blood and serum were removed, the uterus appeared contracted to the volume of the two fists. The external wound was closed with the interrupted suture; but as the vomiting continued, about two inches of the epiploon were expelled between the intervals of two stitches, and clipped off with the scissors, before it was perceived. About an inch at the lower end of the wound was left open, and a tent of lint introduced; the sides of the wound were now closed with compresses and a

twelve-tailed bandage, and in a quarter of an hour from the beginning of the operation the woman was carried to her bed.

Half an hour afterwards the author was recalled to the patient, when he found that an excess of severe coughing had expelled, at least, half an ell of intestine from the lower angle of the wound. He returned the intestine, and closed this part of the wound with a compress and sticking-plaster. At three o'clock in the morning the woman found herself comparatively well; the abdomen, however, was tense and somewhat tumid; the cold applications, at first ordered, were continued. At seven in the evening, same state; no fever, but great thirst. Some blood had been discharged through the vagina and abdomen, and the patient slept an hour.

June 21. The patient slept a few hours; vomited four worms; no stool; thirst severe; cough violent; pulse moderately accelerated; the dressing being renewed, the abdomen was found free from pain, but excessively tumid. An effervescing powder was ordered for the vomiting; an opening enema; for the cough a linctus, composed of extr. opii and ipecac. The cold applications to the abdomen were continued.

22. Vomiting, which brought up four more worms; the general condition of the patient remained the same. Bowels still constipated; a little lochial discharge. A purgative enema failed to produce any evacuation; the woman again vomited four ascarides.

23. The appearance of the wound was good; the abdomen distended, but indolent; the inflammatory reaction slight; the appetite good. An enema of tobacco infusion and castor oil was given; towards evening no change. Enema repeated, with emulsion of *castor oil* and *distilled water of bitter almonds*.

24. The remedies at length produced several copious stools,—abundant discharge of lochia through the wound and vagina. The former presents a good appearance. The tumefaction of the abdomen so subsided, that it was necessary to tighten the bandage. The patient took a little broth; in the evening several evacuations.

Up to the 29th her condition thus continued good; the wound healed up almost without any secretion of pus from its surfaces. On the 3rd of July the author, after an absence of four days, saw the patient, who continued well; the cutaneous portion of the wound, however, had not united, and now discharged a good deal of pus; the discharge from the vagina was foul and purulent. The surface of the wound was now covered with charpie, immersed in a strong solution of nitrate of silver, and the edges were approximated with long strips of sticking-plaster. The patient was ordered nourishing soup, wine, and decoction of bark. On the 6th, the weather being very warm and oppressive, the patient complained of anxiety and weakness. The strengthening mixture was continued, with *infusion of valerian*, *tincture of cinnamon*, *spirit of sulphuric ether*, and *liquor of ammon. et succin.* The patient's state continued to improve up to the 15th July, when the inferior angle of the wound became the seat of a painful inflammatory tumefaction, and discharged on the 18th a quantity of purulent fluid. The abscess was not, however, deep-seated. The orifice continued to furnish good pus until the 25th, when it closed, with the exception of a very small fistulous opening.

On the 30th July the patient was able to leave her bed, and walk about the chamber; and on the 10th of August her cure was complete.

PROFESSOR RUST'S METHOD OF OPERATING FOR CATARACT, BY RECLINATION.

When Professor Rust, now President of the Royal College of Surgeons at Berlin, was a student at the University of Krakau, he became acquainted with an empiric, who was celebrated for his success in operating for cataract, although totally unacquainted with the anatomy of the eye, or the general principles of surgery. This man operated with a *round* needle, mounted on a clumsy, metallic handle; yet seldom his cases presented those secondary accidents of inflammation, &c., under which the operations of more skilful surgeons so often fail. His acquaintance with the young student gave him an opportunity of acquiring the anatomical knowledge in which he was deficient, and after a retirement of some months he sallied forth on another campaign, proud in his increased knowledge, and armed with fine, double-edged needles of the most approved construction. But the quack's good fortune had forsaken him; his operations were now followed by a multitude of accidents which he had never before witnessed, and several of his patients lost their eyes from inflammation and suppuration. Under these untoward circumstances, he prudently determined to abandon the path of science, lay aside his doubled-edged instruments, and resume his old, clumsy, blunt, needle. His operations were then as successful as

they had been in the first instance. The reflective mind of young Rust was excited by this remarkable coincidence, and he soon discovered that the whole secret depended on the man's employing a *round* needle, which never produces the same degree of irritation as the cutting needles employed by most surgeons. Further experience confirmed the truth of this fact, and led Dr. Rust to propose the following method of operating, which he has since practised with so much success himself.

Method.—The instrument used by Professor Rust is a fine, round needle, flattened a little at the point only, for the purpose of penetrating the tunics of the eye, but not broader here, or double-edged; half the blade, next the handle, is gilt, or otherwise stained, that the operator may be able to judge more accurately how far the needle penetrates into the eye. The patient's head being properly placed, and fixed by an assistant, the operator depresses the under eyelid, and having placed his needle a little in front of, and parallel to, the cornea, with the point corresponding with the centre of the cataract, he thus estimates how much of the blade must penetrate the eye before the point can reach the centre of the lens. Having well calculated this, he passes the point of his needle into the conjunctiva (in a direction which would traverse the optic nerve if continued,) about one line behind the edge of the cornea, and from half to a whole line below the transverse diameter of the eye, and sinks it into the eye until it has reached the depth calculated on after the first manœuvre. The handle of the instrument is now directed backwards, which brings the point forwards, and makes it penetrate to the depth of half a line; the posterior surface of the capsule, and the middle of the lens, is at the back part. Having thus penetrated the lens, it remains to recline it, which Professor Rust executes by simply turning the handle of the needle, and bringing it a little back; in this way the anterior surface of the lens is directed outwards and downwards; its posterior surface inwards and upwards; its upper edge forwards, and its under one backwards. The operator now endeavours to push the depressed and reclined lens backwards and outwards, by bringing the handle of the needle forwards and a little inwards towards the nose; this done, he withdraws the instrument in the direction it has now assumed. Unless the latter precaution be taken, we run the risk of bringing the lens again forwards; to prevent which, when the operation is finished, Prof. Rust sometimes dashes cold water suddenly against the patient's face, while he himself holds the needle fixed in the direction judged most convenient; the patient suddenly draws back his head, and in this manner withdraws the lens from the point of the needle.

The operation now described has the advantage of being extremely simple, and is seldom followed by any secondary accidents; the ciliary processes are uninjured, and as the capsule is opened, the chance of the lens being absorbed is much increased.

The operation of Dr. Rust is liable to two objections; First, that the operator cannot see what he does when once the point of the instrument is introduced. However, this is of less consequence, since the depth to which the needle penetrates can be estimated with so much accuracy. Secondly, that simple reclination of the diseased lens is never sufficient to produce absorption of that body, which must be moved to and fro in the vitreous humour. In the uniform success which attends Prof. Rust's method of operating, is to be found the best answer to this latter objection.

CONTRIBUTIONS TO THE

PATHOLOGY OF THE DISEASES OF CHILDREN.

REMARKS ON CERTAIN

DISEASES OF INFANTS.

By Dr. P. Doepp, *Physician in Chief to the Children's Hospital, St. Petersburg.*

Translated from the German, by Peter Hennis Green, M.B., &c. &c.

Endurcissement of the cellular tissue occurs infinitely less frequently at the Petersburg Hospital, than it does at the similar institution in Paris. During the years 1830 to 1833, in a total number of 18,000 patients, only three cases presented themselves at the former establishment, and these terminated in death within the first four days. In two of these cases, the skin was of a marbled yellow colour, and in the third, blueish. The unfortunate little patients lay constantly like so many mummies, with glazed half-open eyes, without power to move or even cry. When the children were brought to the hospital, the hardness and marble-coldness were equally spread over the whole body; hence it was impossible to say whether one part of the body, or which part of the body, had been attacked first. Examination of the bodies led to nothing very satisfactory, the only remarkable morbid appearances being an effusion of yellow-coloured fluid lymph in the two first cases, and in the third of a fluid resembling bloody

serum. In one case the quantity of the effusion was very great.

Icterus neonatorum, on the contrary, was just as frequent and innocent a disease as it is in Paris. Every ninth or tenth child brought to the hospital is affected with icterus; small children, and those born somewhat before their time, are more subject to the disease than strong, mature infants; it seldom manifests itself in the hospital; the patients are almost always, more or less, affected with it when they first come in. Hence the colouration of the skin, probably, sets in immediately after the birth, if not before. The treatment adopted here was similar to that pursued in Paris; that is to say, the children were considered as perfectly sound, were left to themselves, and in about one or two weeks the colour of the skin completely disappeared. The disease was never of itself fatal; when death occurred it was always the consequence of some co-existing lesion.

It follows that the remote cause of the disease can neither reside in the nurse who first suckles the child, being too old, as Gardien affirms; nor, as Pieper thinks, on the pressure to which the child is subjected during delivery. This latter opinion is overthrown by the fact, that the points of the child's body exposed to most pressure are never more coloured than any other; while the deep-seated parts, and organs protected from all violence, such as the eyes, &c., are often highly tinged: in many cases the colouration extends to the internal organs and fluids secreted.

Aphthæ occur still more frequently; indeed few of the new-born children in the hospital escape it; they always present themselves under the form described by Guersent and Billard as "muguet," viz., small, white points, gradually coalescing, and at length forming a white layer or coat, like coagulated milk, which lines the whole of the internal parts of the mouth, &c. Hence, when aphthæ are described in books as "vesicles," the authors, without having paid sufficient attention to the subject, probably mistook those white points for vesicles, although they have nothing vesicular in their structure. Besides, I have had occasion to observe true vesicles on the lips and tongue of children; but this is so rare a disease, and the appearances are so different from those of true aphthæ, that I consider the one as a peculiar eruptive disease, while the former seems, in most cases, to be a product of inflammation affecting the mucous membranes, as Billard and Heyfelder have previously remarked.

The mortality produced by aphthæ, in the hospital *Enfans Trouvés*, at Paris, is enormous: according to Heyfelder it amounts to five out of six cases; in St. Petersburg the disease is of a much more mild and innocent character. In but a very few cases the concretion assumes a yellow or brownish colour, and an increased consistency; it may then extend over the whole mouth and lips, and is denominated by some writers, "gangrenous aphthæ." The term is an incorrect one, for the disease is confined exclusively to the secretions. The name of "malignant aphthæ," seems much more appropriate. I have very seldom seen this form of aphthæ in the hospital of St. Petersburg; and when we did meet with an example of it, the disease was always developed in weakly children, before their admission, and in consequence of neglect. The treatment of aphthæ, in the St. Petersburg hospital, is very simple. The child's mouth is frequently washed out with milk, or the diseased parts were cleaned with an aqueous solution of borax; the internal remedies consist in a little magnesia and rhubarb. In malignant aphthæ, camphor was administered with valerian, in a mucilaginous mixture, and these remedies were found beneficial in several severe cases. Contrary to the advice of M. Guersent, I think it absolutely necessary to separate the child from its mother for a few days.

Erysipelas infantile (*Die Rose*) is a frequent disease in our hospital, where about 300 cases present themselves every year. It appears as a primary or secondary disease; the latter is a very dangerous complication of some internal inflammation, particularly of the abdominal cavity: it is very changeable, disappearing from one part to appear at another, and seldom occupies the whole cutaneous periphery.

The primitive form is the true *erysipelas infantile*. At the commencement it is a local disease; begins commonly on the upper extremities; more rarely on the lower ones or abdomen, and then spreads rapidly over the whole body. About the end of the second week after its first appearance, the local character of the disease becomes changed; febrile symptoms now set in; the respiration is short and quick; the thirst severe; and the transition to inflammation of some internal organ, or to suppuration, is imminent. In the first case the child almost always dies; in the second, there is no very great danger, unless the suppuration be extensive, and deep-seated. Various parts of the body are commonly the seat of small abscesses. These abscesses are chiefly formed on the extremities, and bring the disease to a fortunate termination, unless, indeed, they reappear, a case which has frequently occurred. Thus one child, of three months old, died on the sixth relapse of this erysipelas.

The best, but, unfortunately, the rarest termination, is in resolution. Sometimes it leaves behind it a number of small hard tumours in the cellular tissue, which are finally absorbed, or more frequently ter-

minate in abscess. The termination in gangrene is rare with us: when this did take place, it invariably attacked the scrotum and inguinal regions. In a great many instances the erysipelas was developed in consequence of vaccination. It sometimes appeared as a traumatic inflammation, on the 2nd or 3rd day; but in a majority of cases, not until the 8th, 9th, or 10th day, and then more evidently depended on the vaccine poison. The remote cause probably was, our submitting the children to the operation of vaccination at too early a period after birth; for the number of cases considerably diminished, as soon as we began the practice of vaccinating on the 14th day after birth, whereas formerly it was the custom to vaccinate on the 7th or 8th. In many cases, however, the disease attacked children who had never been vaccinated, or subjects vaccinated a long time before; it then seemed to be in consequence of some epidemic constitution. Long experience shows that it is never of a contagious nature; but in one remarkable instance, erysipelas attacked nine out of eleven children who were vaccinated from the same infant, and that in a few hours after vaccination. When the disease is once formed, the best method of treatment consists in preventing it from extending, by all the means in our power; and should this fail, in favouring, at the same time that we circumscribe, the suppuration. The first indication is most efficaciously fulfilled by scarification of the inflamed parts. Several long superficial incisions were made in such a way as to produce a very slight discharge of blood; the parts were then covered with dry, warm lint; this commonly gives rise to a diminution of the disease; but sometimes the inflammation attacks the same parts again, or even spreads. In the two latter cases the scarifications were repeated, and the inflammation was pursued wherever it showed itself, even on the face. When a tendency to suppuration manifested itself, emollient applications were employed, and the abscesses were opened, as soon as fluctuation could be distinguished. It is unnecessary to mention, that whenever any disorders of the primæ viæ, or other complication, manifested themselves, they were combatted by appropriate means. This method of treatment has now been employed for the last six months in the hospital, and with such benefit, that not more than 1-5th of the children die; whereas, formerly, more than 4-5ths were cut off by this dangerous disease.* Powdering the inflamed parts with any fine powder, has the disadvantage of preventing us from ascertaining the progress of the disease, and the approach of suppuration, while it impedes the care necessary for keeping the parts clean, and the powder becoming mixed with the urine, creates a new source of irritation.

Cephalæmatoma presents itself about three times during the course of the year. I have never seen it after the first year; and all the patients had been affected before they were brought to the hospital. The elevated, hard ring, which Michælis described as surrounding the tumour, and characteristic of this disease, is, in my opinion, a constant symptom; he was mistaken, however, in describing it as a proof of the absence of the external table of the cranium, for, on sounding with a probe, after having opened the tumour, I found that the bone was far from always being absent, but was destroyed by caries when the tumour was left to itself. In all other cases the disease is a harmless one; the general health of the child is good; and I have never seen the comatous state, mentioned by Gölis, as accompanying it on some occasions. The disease is occasionally dissipated by warm aromatic fomentations, but more frequently it is advisable to open it with the bistoury, discharge the blood, &c., and then apply fomentations. In a late case I obtained the absorption of the tumour, by the use of pressure, after Henschel's method, which seems advantageous whenever circumstances forbid our having recourse to the knife.

Trismus is, fortunately, not a frequent disease in the Petersburg hospital; about 20 cases occur every year. I have tried every kind of treatment, but have never been so lucky as to save a single child. Meissner is mistaken in saying that the child is always unable to swallow any medicine. This only occurs when the tetanic state has gained the œsophagus.

Blepharoblennorrhœa affects about forty in every five hundred of the patients in the hospital. The disease is generally curable, but sometimes, though rarely, is followed by specks on the cornea, or destruction of the eyeball. This latter accident would seem intimately connected with some more grave affection of important organs, for most of the children who lost their sight, died in a state of atrophy. The milder form of inflammation yielded to repeated washing the eye with a warm solution of the *aqua saturnina*, reduced to one-half its strength; gentle purging, and avoidance of light, &c. In more severe cases leeches were applied behind the ears, and under the eyelid; blisters were placed on the neck; calomel was administered in large doses; the chronic stage was generally treated with a weak solution of corrosive sublimate, containing opium.

* English surgeons have treated phlegmonous erysipelas with deep incisions, extending to the muscular tissue; but we are not aware of its having been applied by any other writer to infantile erysipelas.—P. H. G.

Syphilis neonatorum is a common disease in all hospitals appropriated to the reception of the children of the poorer classes. It presents itself ordinarily under the following appearances:—

1. The common copper-coloured spots.

2. Small round ulcers on the tongue, the lips, the mucous membrane of the nose, and the anus, consequent on the pustule.

3. A shining, tense tumefaction of the mouth and chin, of an inflammatory nature. It also manifests itself on the upper part of the loins, where it is mixed with intertrigo; also, on the back, the scrotum, the external organs of generation, and the soles of the feet. These tumors change into vesicles, which, sooner or later, form small round ulcers, or, in some cases, crusts. This is the *cutis tensa chronica* of Gölis, who long ago suspected its syphilitic origin.

4. Furuncular tumors (Beulin) on the body, and particularly on the head.

5. Obstructed nares; this is often the first symptom of a syphilitic affection, and, hence, requires the greatest attention. In some cases the mucous pustule, and its ulcer, appear immediately after this symptom, and may be situated so high up on the mucous membranes as not to be detected without the greatest care.

6. Tumefaction and inflammation of the ends of the fingers and toes, about the roots of the nails, terminating in suppuration or the formation of small pustules. This symptom is one of the rarest.

7. Exfoliation of the epidermis from various parts of the body, particularly the extremities, in somewhat thick small scales. This form does not present itself frequently, and is not distinguishable from the other exfoliations of the epidermis, to which young children, even those enjoying the best health, are exposed.

The *course of these symptoms* is very uncertain. In most cases obstruction of the nose first appears, then follow the ulcers, &c.; but sometimes the contrary takes place. Sometimes the cutis tensa, sometimes an exanthematous eruption, is the first symptom. I never saw one single symptom continue alone, for any length of time. After a few days, it was invariably joined by one or more others, when the diagnosis became easy.

As to the immediate *cause* of the disease, my experience has convinced me, that *infantile syphilis* is very seldom communicated to the child by contact with the mother during delivery, but is generally derived from the father labouring under consecutive syphilis. We have frequently seen children at the breast labouring under syphilis, and even destroyed by the disease, while the mother was perfectly healthy. In many other cases, the disease breaks out in children several months old, without our being able to discover the least trace of contagion; on the other hand, I have never as yet seen any child born with the disease, or attacked immediately after birth. Hence, it would appear, that an external infection is by no means necessary for its development. A woman was infected by her husband at the fifth month of her pregnancy; the husband himself had been cured, but, according to his own account, ulcers again broke out lately on his genital organs, without any new contagion, and were followed by consecutive blotches on the face. The woman had ulcers of the labia, condyloma, and an eruption over the whole body, but was perfectly cured before any signs of labour had commenced; and of this I assured myself by examination. The child was small and weakly. On the eighth day after birth, it was attacked with inflammatory tumours of all the fingers and toes, with ulcers about the anus. The mother all this time continued perfectly healthy, but the father still suffers from secondary syphilis.

Hitherto we have found infantile syphilis a most dangerous disease. All the children who were separated from the breast, as soon as the first symptoms of disease manifested themselves, died without exception. The unfortunate little sufferers are exposed to three most unfavourable influences, viz:—the disease itself, the mercury, and the artificial feeding. His only chance of safety lies in being suckled by the mother, or some generous-minded nurse, who, foreseeing the certain death of the child, are ready to expose themselves to danger by giving him the breast. Such examples of love and humanity are not rare among us; but, alas! they are not always rewarded as they merit: only about one-fourth of the children escape.

The older the child is when attacked, the greater the hope of cure. The treatment which we always employ is the administration of the *mercurius dulcis*, or Hahnemann's quicksilver, in doses of from one-eighth to one-fourth of a grain. Every attempt that we made to affect the child through the mother failed.

Atrophia Infantum.—Meissner, in his excellent work on diseases of children, has given us a perfect description of *atrophia infantum*. However, in accord with several other writers, he describes the disease as being peculiar to children artificially nourished. From my own experience, I should say, that most children born before their time die of this disease, in which also syphilis, and several other affections, commonly terminate. Imperfect or deranged functions of the intestinal canal, resulting from anomalies of the primæ viæ, or glands connected with them, seem to be the principal cause of this complaint; at least, its symptoms would indicate this; and, on examining the body after death, I have very frequently observed thinning and contrac-

tion of the parietes of the intestine with small miliary bodies on the external surface and tumefied mesenteric glands.

Children born with an appearance of atrophy, and before their time, were often kept alive by careful injection of human milk into the mouth, and by placing the infant in an equable and moderately-warm temperature. For this latter purpose we employed, with great benefit, a cradle, invented and presented to the hospital by Dr. Von Rühl. It is composed of a double wall of iron-plates, between which a quantity of warm water is contained. When the atrophied child is more old, his diet requires to be regulated with the greatest care. The nurse's milk must be frequently examined, both with respect to its quantity and its quality, and this the more carefully whenever we have any reason to suspect the child is neglected, &c. Changing the nurse sometimes effects a wonderful cure, even when we can find nothing to blame in herself or her milk. In some cases I have obtained the most marked benefit by the use of soup-baths, as a secondary means of cure; in several other cases from the Iceland moss, which I am in the habit of treating with cold water instead of hot, as is commonly the case, to avoid extracting the bitter principle.

Examination of the body after death has several times revealed the existence of softening and perforation of the stomach, where the symptoms during life were anything but calculated to represent such, and where the characteristic signs of Cruveilhier,—excessive thirst, and constant vomiting,—were wanting. These cases, probably, were examples of perforation occuring after death.

Intussusception of the Bowels.—The same remark is applicable to this, which we often found while examining the bodies of our patients, occupying one or more points of the intestinal canal. In some cases it was not preceeded by the slightest symptom which could lead to a knowledge of such an accident, especially where the child laboured under chronic diarrhœa. In others, however, the usual symptoms manifested themselves, of which the most constant were, great uneasiness, anxiety, quick sinking of the eyeball in its socket, disturbed vision, the globes generally being directed upwards; a *few*, dark-greyish stools; vomiting every thing swallowed, not immediately, but a few minutes after. The abdomen was neither tumid, nor painful on pressure, as some writers observe.

Diarrhœa often prevails in an epidemic manner in the hospital, especially during spring and summer. It carries off many of the children, and is commonly catarrhal, but often inflammatory. In many cases diarrhœa manifests itself as a sporadic complaint, and is clearly gastric, from over-feeding, indigestible food, &c.

In the *catarrhal form* we administer warm baths and mucilaginous drinks, with tincture of rhubarb and fennel water; if chronic, with a weak infusion of valerian and syrup of saffron, and at a later period with a few drops of laudanum, which I have frequently administered in small doses to infants, without ever producing the terrible consequences of which writers speak; finally, the abdomen was rubbed with some balsamic liniament, containing opium, and was covered with flannel, or a plaster, to which sometimes we added a little tartar emetic.

Gastric diarrhœa is distinguished by the indolence of the abdomen, and the fluid stools, containing solid masses of various colours and appearances, and in which we can sometimes distinguish the undigested food. The two main points of treatment are, changing the nurse, and frequent frictions over the belly with some balsamic liniment. In the inflammatory form we employ, according to circumstances, leeches, sinapisms, and even blisters on the abdomen; internally, nitrate of potass, and calomel and opium, in small doses. When the course of the disease is very acute, it assumes the character of cholera, with great anxiety, watery stools, vomiting, sudden collapses of the body, and chiefly of the eyeballs. Absence of the main symptoms, such as loss of pulse, cramps, and the marble coldness of the body (which, on the contrary, is very hot), is sufficient, however, to show the difference between the two complaints. Examination of the body always revealed evident inflammation of the bowels, and sometimes of the peritoneum.

Hydrorachitis occurs about two or three times a year. The tumour was, in most cases, open and gangrenous, probably from violence during birth. One child lived 10 days, with a sphacelated cauda equina. In another case we opened the tumour with a cataract knife, and on several occasions drew off an ounce of fluid at a time, but the child cried without ceasing, so long as the tumour remained empty; when the fluid had been renewed, he became quiet, and bore even pressure on it without appearance of pain. This child continued to live, and is now four months old. The situation of the tumour, most frequently at the inferior part of the vertebral column, and its perfect transparency, seem to me to be the most sure diagnostic signs.

In addition to the signs just given, we may mention the half-inflamed, wrinkled appearance of the skin all round, the foul gangrenous aspect of the tumour, the symptoms of pain when it is roughly handled, and the constant discharge of a thick fluid from it. The term "spina bifida" is founded on an erroneous estimation of the nature of this malformation of the spinal marrow. In all the cases I have seen, and in most of those described by authors, there never existed any fissure in the spinal column, but

the malformation was produced by absence of the spinous processes, and of a portion of the bodies of the vertebræ, at the points occupied by the tumour.

In cases of chronic hydrocephalus, several of which present themselves every year, we never obtained any beneficial results from puncturing the cerebral membranes. In one case the child's life was prolonged for some time after the senses of hearing and seeing had been lost. The child again took to the breast, and seemed somewhat stronger, but died after the fourth puncture. On examining this child, we found that nothing existed within the cranium except the anterior portions of the brain, although even these were in a state of diffluence; the posterior parts had completely disappeared, and their place was occupied by fluid. The operation was easily performed by introducing a small trochar at the anterior fontanelle.

Acute Hydrocephalus very frequently attacks our children, even the youngest amongst them. During summer, especially during the violent heat of 1831, it was evidently produced by sun-stroke. The remedies commonly employed, and often with success, are leeches, cold fomentations to the head, sinapisms, purgatives, nitre and calomel, with or without digitalis. I propose to communicate the result of my experience on this dreadful disease at a future time.

All the children were *vaccinated* at about the 14th day after birth. More than 4,000 infants belonging to the establishment, and 2,000 externes, were vaccinated. The method pursued is as follows:—All the children were vaccinated in both arms, by different physicians, and with different vaccine matter. The lancet-point, charged with matter, was introduced under the epidermis, from above downwards, and moved about in the small wound, so as to bring the vaccine in perfect contact with the surface. Six of these incisions were made on each arm, partly with the object of introducing a greater quantity of matter, and partly with that of rendering the operation more certain; this latter was probably obtained, for on an average we do not fail in more than eight out of one hundred cases.

The vaccine pustules vary much in size, form, &c., according to the individual. In maturely born and healthy children they commonly present the aspect described by Jenner, and run the same course. Hence I cannot admit with Rust, and several other writers, the idea of the vaccine matter having degenerated, especially since that we employ has never been renewed since Jenner's time; yet its power seems as perfect as when it was first introduced. The propriety of vaccination, after a lapse of ten to fifteen years, seems to be better demonstrated; for, in our children, when re-vaccination was practiced, true vaccine pustules manifested themselves in three out of 100 cases.

I cannot conclude these brief and strictly practical remarks on the diseases of newborn children, without observing that my own experience, confirmed by that of many modern writers, shows that most of the diseases of this period of life are connected with congestion or inflammation. This is proved, not only by the result of numerous post-mortem examinations, showing the existence of inflammation, or at least congestion, in most of the tissues, but also by the success of the antiphlogistic treatment which we employ.

ANECDOTES

FROM MR. OTTLEY'S

"LIFE OF JOHN HUNTER,"

EDITED BY MR. PALMER.

We preface the following characteristic extracts, (which will afford some very pleasant reading to those who have not purchased the above work), with an introductory remark by Mr. Ottley, whose apology will serve a double purpose,—the biographer's and our own:—"During the time," says Mr. Ottley, "that Mr. Palmer contemplated writing this life himself, he was at the pains to gather as much general information, and as many authentic anecdotes, as possible, respecting the subject of this memoir, from his surviving friends and pupils. Of these anecdotes, many of which are highly characteristic, I have introduced by far the greater number; some which I have inserted may be thought so trivial as scarcely to have merited notice; but I have preferred rather to risk having this laid to my charge, than to omit anything that might serve to illustrate Hunter's real character."

Tenderheartedness of Surgeons.—We seize, first of all, the opportunity of extracting the following pleasant anecdote from a short notice of Cheselden, under whom Hunter studied at Chelsea Hospital:—"Cheselden's manners were exceedingly kind and gentle, and notwithstanding the extensive practice he had enjoyed, he always, before an operation, felt sick at the thoughts of the pain he was about to inflict; though during its performance his coolness and presence of mind never forsook him. In alluding to this feeling, Moraud relates an anecdote of a French surgeon, who, on visiting the hospital, expressed great surprise at witnessing such an evidence of weakness, as he considered it, on the part of so famous a surgeon. After the operation was over, the visitor was invited by Cheselden to accompany him to the fencing school, whither he was going to see a sparring match; but here the tables were

completely turned, for no sooner did the contest begin, than the stranger turned pale at the sight, and was obliged speedily to betake himself to the open air."—Page 9.

Hunter's early Freedom of Habits.—"He was fond of company, and as he had not, like Haller, forsworn the use of wine on commencing his medical studies, though he found it necessary to do so in after life, he mixed much in the society of young men of his own standing, and joined in that sort of dissipation which men at his age, freed from restraint, are but too apt to indulge in. Here, as in graver matters, his ambition urged him to take the lead of his companions, amongst whom he went by the familiar title of 'Jack Hunter.' Nor was he always very nice in the choice of his associates, but sometimes sought entertainment in the coarse broad humour to be found amid the lower ranks of society. He was employed by his brother to cater for the dissecting-room, in the course of which employment he became a great favourite with that certainly not too respectable class of persons, the resurrection men; and one of the amusements in which he took especial pleasure, was to mingle with the gods in the shilling gallery, for the purpose of assisting to damn the productions of unhappy authors, an office in which he is said to have displayed peculiar tact and vigour."—Page 10.

His Destination in Life.—"In 1753 it was not yet decided what line of practice John should pursue, and as there were thoughts of his becoming a physician, William, who was a good classic, and valued literary attainments, recommended his brother to devote some time to the cultivation of those branches of knowledge which he had hitherto so entirely neglected. He was also recommended, it would seem, to try his fortune as an accoucheur; but neither this proposal nor the former was to his liking, and he eventually decided on confining himself to the practice of surgery. In speaking of this period of his life, some years afterwards, Hunter said, 'They wanted to make an old woman of me; or that I should stuff Latin and Greek at the University; but,' added he, significantly pressing his thumb-nail on the table, 'these schemes I cracked like so many vermin as they came before me.' It was fortunate, probably, that he decided as he did, for though his future progress was slow, the roughness of his manners would have been a still greater impediment to him in either of the other branches of the profession."—Page 14.

Knowledge before Riches.—"To witness an interesting or extraordinary case he would take any trouble, or go almost any distance, without a chance of pecuniary recompense; but to the daily routine of practice he always returned unwillingly, and even when he had acquired a lucrative and extensive business he valued it only as affording him the means of pursuing his favourite studies. This feeling he would often express to his friend Mr. Lynn, when called to see a patient, by saying, as he unwillingly laid by his dissecting instruments, 'Well, Lynn, I must go and earn this d—d guinea, or I shall be sure to want it to-morrow.' Hunter was much addicted to swearing, and constantly interlarded his conversation with expressions of this sort."

His Contempt of Minced Words.—"As a means of increasing his income, Hunter determined on delivering lectures on anatomy and operative surgery to a private class. These he continued for several years; but so far were his talents, and his enlightened views, from exciting the attention they merited, that his hearers never amounted to twenty. 'Dr. Garthshore,' said the late facetious William Wadd, 'occasionally looked in, wound up his watch, and fell asleep.' Dr. Garthshore was quite a physician of the old school, always well dressed, and exceedingly polite, and a great favourite with the dowagers. He was intimate with John Hunter, who did not, however, treat him with much ceremony. One day the Doctor, on entering the dissecting-room where Hunter was at work, began as usual with great *empressement*, 'My d-e-a-r John Hunter'—'My dear Tom Fool,' replied Hunter, looking up and imitating the tone and manner of the astonished Doctor."—Page 28.

Illustration for a Parent.—"Mr. Nicol, bookseller to the king, had lost five children, and his wife was in the family-way for the sixth. Hunter, in passing one day, dropped in, and asked Mr. Nicol if he intended to kill this, as he had killed all the rest of his children. Mr. N., who was a North-countryman, had, on false principles, endeavoured to inure his children to cold and rough usage, thinking that if they could not survive this they would never live to be reared to manhood. Not understanding such a question, therefore, he demanded of Hunter what he meant. 'Why,' said Hunter, 'do you know what is the temperature of a hen with her callow brood? because, if you don't, I'll tell you.' He then proceeded to explain the necessity of warmth to young animals, and convinced Mr. Nicol of the propriety of changing his plan, which he did, and with complete success."—Page 29.

Familiarity with Wild Beasts.—"He purchased a piece of ground called Earl's Court, at Brompton, about two miles from London, and built a small house, where he used to spend much of his time, and where he pursued most of those researches which form the subjects of his papers in the *Philosophical Transactions*, or are detailed in his work on the Animal Œconomy. Here it was his delight to spend an hour or two

amongst the strange inmates congregated from all parts of the globe, engaged in observing their habits and instincts, and amusing himself in making them exert their various methods of self-defence against his playful attacks. As might be expected, he sometimes got himself into perilous situations in his character of assailant. On one such occasion he was thrown down by a little bull which the Queen had given him, and with which he had been wrestling, and had not one of his servants accidentally seen his danger, and driven off the victor, he would not have escaped without severe injury. In another of his adventures, still more serious consequences might have ensued. Two leopards, which he kept chained in an outhouse, broke from their confinement, and got into the yard with the dogs: a fierce encounter immediately commenced, the noise of which alarmed the neighbourhood, and quickly brought out Hunter to inquire into its cause. He found one of the leopards engaged with the dogs, whilst the other was making his escape over the wall, and instantly, though quite unarmed, he ran up and laid hold of both the animals, which, fortunately, submitted to be led back to their den and secured. When the danger was over, however, he became so agitated at the recollection of it that he fainted."—Page 32.

His Epistolary Style.—"Dr. Jenner was Hunter's pupil when he was in his twenty-first year, and Hunter in his forty-second, and his mind, says Mr. Ottley, was ever strongly impressed with respect and esteem for the character of his great master. Their intercourse was kept up by letter until within a short period of Hunter's death. Many of the letters furnish interesting memorials of the mind of him who penned them. Jenner never mentioned Hunter but in terms of regard and affection; his usual appellation for him was 'the dear man,' an epithet which is used, in speaking of him, by others of his friends who still survive. When the following letter was written, Jenner was practising as a surgeon at Berkley, in Gloucestershire:—

"Dear Jenner, I received yours, and was extremely happy to hear of your success in business: I hope it will continue. I am obliged to you for thinking of me, especially in my natural history. I shall be glad of your observations on the cuckoo, and upon the breeding of toads: be as particular as you possibly can. If you can pick me up anything that is curious, and prepare it for me, either in the fish or flesh way, do it. Pictures* have been very cheap, but the season is now over. There will be but one sale, viz., Fordyce's; but I believe all his pictures are exquisite, and will go beyond you or me. Since you wrote to me I purchased up a small landscape of Barrett's, of cattle and herd: I gave five pounds seven shillings and sixpence: it is one of his eight-guinea pictures. You shall have it or not, as you please. I have one of the same size, that I bought of him some time ago. I saw the young lady, your patient: I do not know well what can be done. If it is possible to pass a bougie from the nose up the duct to the sac it might be of service; but nothing but a solid can be of any use as a local application. Her general habit should be attended to, such as sea-bathing, or cold bath, using a good deal of gentle exercise, such as getting up early in the morning, riding, &c. She might take gentle mercurials with the bark and cicuta. Let me hear from you soon. Ever yours, John Hunter."—Page 36.

Another Letter to Dr. Jenner.—"Dear Jenner, I received yours, as also the cuckoo's stomach: I should like to have a few more, for they do not all show the same thing. If possible, I wish you could remove the cuckoo's egg into another bird's nest, and tame the young one, to see what note it has. There is employment for you, young man! If you collect eggs, you should also collect the nests, and I do not care how many you send. I wanted a crow's nest, as also a magpie's, in the branches of the trees where they are built, but I am afraid it is now too late. This evening, looking into my book to scratch out the name of one who had paid me, and whose name began with M, I saw a Mr. Matthews of Berkley, recommended by you. He did not pay me. I forget whether he was recommended by you as a friend to serve him or me: if it was to serve him, I scratch him out of my book. Do you keep an account of the observations on the cuckoo, or must I refer to your letters? I want a nest with the eggs in it; also one with a young cuckoo; also an old cuckoo. I hear you saying, there is no end of your wants. Ever yours, John Hunter."—P. 46.

His Wife and his Associates.—"Mrs. Hunter, sister of Sir E. Home, was an agreeable, clever, and handsome woman, a little of a *bas bleu*, and rather fond of gay society, a taste which occasionally interfered with her husband's more philosophic pursuits. He naturally preferred the company of able and scientific men to that of the gay circle in which Mrs. Hunter's brilliancy was fitted to shine. So far was he, indeed, from finding relaxation for his mind in mixed society that he really experienced fatigue from remaining long in company where the conversation wanted connection, and he, therefore, occasionally interposed his martial authority to check the inroads of these troops of idlers. On returning late one evening, after a hard day's fag, he unexpectedly found his drawing-room filled

* Hunter was very fond of pictures, and valued himself on his connoisseurship in the art. Of prints he had a large and valuable collection.

with musical professors, connoisseurs, and other idlers, whom Mrs. Hunter had assembled. He was greatly irritated, and walking straight into the room addressed the astonished guests pretty much in the following strain:—'I knew nothing of this kick-up, and I ought to have been informed of it before-hand; but as I am now returned home to study I hope the present company will retire.' The intimation was of coarse speedily followed by an *exeunt omnes*. No serious disturbance to their concord, however, seems to have arisen from this difference in tastes, and there is every reason to believe that this alliance was a source of great happiness to him during the remainder of his life. The fruits of their union were four children, two of whom are still living,—John, his eldest son, and Agnes, who married Captain, afterwards Sir James Campbell."—Page 40.

Style of Lecturing and Timidity.—"He appeared but to little advantage as a lecturer; his language, though forcible, was inelegant, and often coarse. In speaking, for example, of a case of gun-shot wound, he described the ball as 'having gone into the man's belley, and hit his guts such a d——d thump that they mortified.' And in relating his own case, where secondary symptoms had ensued on innoculation with the matter of chancre, he repeated over so often, and in so peculiar a tone, 'I knocked down the disease with mercury, and I killed it,' that the whole class of pupils at length burst into a loud fit of laughter. His delivery was heavy and unengaging, as he rarely raised his eyes from his book; and, in addition to this, the doctrines he taught were new, and often obscure and theoretical. The many who found it troublesome to think, and desired only straightforward directions for every-day practice, sought other teachers; for, notwithstanding the length of the course, which in late years extended to eighty-six lectures, he entered but little into the minute details of practice, and gave little or no account of the operations of surgery, but confined himself almost exclusively to the theory and principles of the art. It was an instance of Hunter's perseverance, that though his dislike to delivering himself in public was so great that he never commenced a course of lectures without having recourse to laudanum, he continued the practice of lecturing for many years. His opinions were, for the most part, peculiar to himself, and he was desirous of subjecting them to the test of public opinion, by this the best mode, until they were sufficiently matured in his own mind to be committed to print."—Page 48.

His Candour and Love of the Truth.—"He was not indulgent towards his own theories when he discovered them to be erroneous. To a pupil (Sir Astley Cooper) who asked with surprise, whether he had not the year before stated an opinion on some point directly at variance with one he had just put forth? He replied, 'Very likely I did; I hope I grow wiser every year:' and to the same purport he answered Professor Coleman (another of his pupils), who asked whether he had not written so and so? 'Never ask me what I have said, or what I have written; but if you will ask me what my present opinions are, I will tell you.' Occasionally, too, he would say to any of the pupils whom he saw taking notes, 'You had better not write down that observation, for very likely I shall think differently next year:' and on one occasion, after lecturing for a considerable time, he stopped short, raised his spectacles, and said, 'Gentlemen, I think you had better omit what I have been saying; the fact is, I had an idea when I wrote down this, but I have lost the train of thought connected with it, and I cannot now recall it.'"—Page 48.

Violent Sallies of Passion.—"To these the inmates of Hunter's house were not unfrequently subjected.—Home states, that 'Hunter's temper was warm and impatient, readily provoked, and when irritated not easily soothed.' An intrusion on his studies, even by one with whom he was on friendly terms, would call forth expressions of strong disgust and impatience: an object, of which he was in want, being misplaced, would bring down all the vials of his wrath on the offender; and during these fits of passion he used to swear in the most outrageous manner."—Page 51.

Domestic Habits.—"Hunter was a great economist of time, and was always very punctual in fulfilling his appointments, to ensure which he kept a regular entry of his engagements in a book at home, and carried an exact copy of this in his waiscoat pocket. He was equally strict in enforcing punctuality on his household: he dined at four, then the fashionable hour, and gave strict orders that dinner should be ready punctually whether he was at home or not. He was a very moderate eater, and set little value on the indulgence of the palate. During many of the latter years of his life he drank no wine, and, therefore, seldom remained long at table after dinner, except when he had company; but then, though he abstained himself, he was not willing to allow his friends to follow his example. 'Come, fellow,' said he, in his usual blunt way, to Mr. (Sir William) Blizard, 'Why don't you drink your wine?' Mr. B. pleaded in excuse a whitlow, which caused him much pain. Hunter ridiculed his excuse. 'Come, come, John,' said Mrs. Hunter, 'you will please to remember that you were delirious for two days when you had a boil on your finger some time ago.' This turned the laugh against Hunter, who now ceased from im-

portuning his guest. After dinner he was accustomed to sleep for about an hour, and his evenings were spent either in preparing or delivering lectures, in dictating to an amanuensis the records of particular cases, of which he kept a regular entry, or in a similar manner committing to paper the substance of any work on which he chanced to be engaged. At twelve the family went to bed, and the butler, before retiring to rest, used to bring in a fresh argand lamp, by the light of which Hunter continued his labours until one or two in the morning, or even later in winter."—Page 52.

OBSERVATIONS

ON THE PRESENT CONDITION OF

MEDICAL RELIEF FOR THE SICK PAUPERS,

WITH RECOMMENDATIONS FOR AN

ALTERED AND IMPROVED SYSTEM.

1. A CONSIDERABLE proportion of the general practitioners of medicine in this country, are engaged by the Poor Law authorities to supply medical attendance and medicines to the sick paupers. More practitioners, who are not thus employed at present, have been so formerly, or are expecting to be so in future.

The appointment to the medical care of a Union, or district, affords the readiest opportunity for obtaining or preserving private practice in the locality of such appointment, and thus for securing a means of livelihood. There is a vast and an increasing number of unemployed young men in the medical profession.

Under the present system, therefore, the majority of medical men are found to submit to any regulations, however degrading to their professional station, and to accept any remuneration, however insufficient in itself to secure the required aid, in order either to preserve their former sphere of practice from encroachment, or to enlarge that sphere, or to procure an advantageous introduction into an entirely new sphere.

It is, therefore, obvious, that the influence, direct and indirect, possessed by the administrators of the Poor Law over the great body of general practitioners, is immense, and must have an injurious effect upon their moral position, and their station in society.

This influence is, however, much increased by the fact, that the professional reputation of the medical officers of Unions is at the mercy of the Poor Law Commissioners and the Boards of Guardians; both of which parties, although destitute of medical knowledge and information, possess the power of deciding as to the proper performance of medical duties, of exculpating any practitioner employed by them from charges affecting his professional conduct, or of branding him as unskilful in his vocation, or negligent of his duty.

So long, indeed, as the present unlimited powers of appointing and dismissing, of summoning and judging, of justifying and condemning, medical practitioners, continue to be vested in parties necessarily so incompetent (even although a fairer remuneration for the duties performed were conceded), the medical department of the Poor Law must continue a fruitful source of degradation to the profession, of contention and complaint in every locality, and of suspicion and dissatisfaction, not only towards the Poor Law administration, but towards the Government of the country.

1. It has long been found expedient, that medical men employed in the public service should be placed under medical supervision. For this reason, and to remedy the serious evils just noticed, as well as to introduce some uniformity and regularity * into the medical arrangements for the sick poor. We recommend that the general superintendence and controul of the medical department of the Poor Law admistration be entrusted to a Medical Board, similar to the army and navy medical boards, and composed of persons practically acquainted with medical parochial duties.

2. The remuneration awarded to Union medical officers, is either determined by "Tender," or is fixed by the Poor Law Commissioners.

The first of these modes has the effect of reducing the remuneration (for reasons relating to private practice already mentioned), to a mere nominal amount, and therefore cannot be relied on as a means of ascertaining what is just to the profession, or of ensuring proper attendance to the sick poor. It is, besides, universally considered by medical men as disgraceful to them, and is not practised in any other learned profession, nor in the army and navy, nor in any civil office, nor in any liberal occupation; and, if introduced into any of these departments, would produce the same dissatisfaction and sense of degradation to the persons employed, and the same inferior performance of duty.

The second of the above-named modes is frequently combined with the first; that is, if the "tenders" offered are not considered low enough, the Poor Law Com-

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* The present entire absence of anything like uniformity and regularity in the medical arrangements of the Poor Law Commissioners, may be seen by a reference to the Reports of the several Assistant Poor Law Commissioners, contained in the Appendix to the Second Annual Report of the Central Board.

missioners, or the Boards of Guardians, arbitrarily reduce the amounts to their own ideas of adequacy. Thus neither are medical men allowed to fix their own terms under competition, as has been asserted; nor are they permitted, as a body, to have a voice in deciding what is just to themselves, this decision being entirely committed to the other party in the contract, namely, the Poor Law authorities.

We therefore propose, either that the Legislature, as a supreme impartial authority, should fix the rate of remuneration (certain proposals and scales for which are subjoined); or, that this be entrusted to a Board, to whom both parties might confidently look for justice.—(Vide *Appendix*, Nos. 1 and 2.)

If the latter alternative were adopted, and if it were agreed that the medical board already recommended for other purposes, should also exercise this important function, it would be reasonably expected by the medical profession, that one member, at least, of this board should be appointed by, and responsible to the profession.—(Vide *Appendix*, No. 3.

3. At present, weekly medical returns are required to be made to the Boards of Guardians, with specifications, not merely as to the name, ages, date of illness, and general state of each pauper patient (which is an unobjectionable regulation), but also as to the nature and designation of the illness, the frequency of medical visits, and even the treatment of the disorder, which latter three particulars must be, for the most part, unintelligible to the parties by whom they are required, and on this ground are felt to be inquisitorial by the medical attendants.

While, therefore, the first four particulars continue to be reported to the Boards of Guardians, it is highly important that complete reports of cases under treatment be made to the proposed medical board. Such reports would afford evidence of the nature and amount of duty, and the efficiency of its performance; they would also constitute a check against abuses of every description, and if periodically compiled and published by the medical board, would prove valuable to science, and useful to the public.

4. Under the present system, it is a common practice to entrust the care of extensive districts of parishes, and sometimes of entire Unions, to individual medical officers. By this arrangement, so detrimental to the sick poor, and so injurious to the established practitioners, the Poor Law authorities are enabled to offer "wider fields" for competition, and thus to attract a greater number of unemployed adventurers, and to reduce still farther the rate of remuneration. But, however destructive to the interests of the present race of practitioners, and to the safety of the sick paupers, such temporary expedients may prove, it is obvious, that, ultimately, there can be no other reasonable method of supplying medical aid to the paupers, than by means of the nearest medical residents,—men whose ordinary range of practice includes the parish for which a medical officer is required.

We therefore consider, that the present arbitrary distribution of parishes into medical districts should be abolished, and that the medical officer be appointed for each parish separately.

Also, that no surgeon should be permitted to undertake more than a certain amount of parochial duty, nor to act, unless possessing certain qualifications as to length of practice, &c. &c., both of which particulars should be regulated by the medical board.

If any surgeon, not previously resident, or living at a distance, be appointed to the care of a parish or workhouse, the reasons for such appointment should be transmitted to the medical board.

No election to be valid, until confirmed by the medical board.

No medical officer should be liable to any investigation of his official conduct, or to dismissal from office, except by the medical board. Every medical officer should be permitted to resign at any time upon reasonable notice.

5. At present, the relieving officer is permitted to usurp the proper functions of the medical attendant, by deciding on the necessity for medical aid in sickness or accident, and thus to interfere with the effective treatment of the sufferer.

In giving orders for medical relief, the relieving officer is naturally guided only by the desire to retrench immediate expenditure, and, especially, where the contract is at a sum per case, he is frequently induced to deny relief to most important ailments in their incipient stages, and thus, with the intention of saving a few shillings at the time, may, probably, inflict a permanent charge on the rates, of some pounds, not to dwell upon the inhuman neglect and aggravation of disease, which such a practice necessarily occasions to the pauper. On the other hand, where the contract is at a fixed sum, this officer feels no check, and, therefore, generally distributes the orders for medical relief recklessly, without consideration either for the ultimate effects upon the rate-payers, or the present loss to the practitioner, and often without visiting at the time, or subsequently, the person for whom he gives the order.

We propose, therefore, that the present practice be entirely discontinued, as affording no security to the rate-payers, no safety to the sick paupers, and no justice to the medical officer, and that the following arrangements be substituted:—

Every sick pauper to apply, in the first instance, to the medical officer, who should

be authorised to relieve him at once if necessary; and, in that case, to furnish him with a certificate stating that the case required treatment. This certificate should be sent by the patient to the relieving officer, in a specified time after receiving it, say twenty-four hours. The relieving officer, should inquire into the circumstances of the patient (if he be not already in the receipt of relief in money or in kind), before the next meeting of the Board of Guardians, and should make a report thereon at that meeting, and thus enable the Board to divide the patients attended into two classes; the one to which medical relief should be unconditionally given,—and the other to which it should be merely afforded by way of loan, the cost being recoverable according to the provisions of the Poor Law Amendment Act. The Board of Guardians might, of course, if they thought proper, refuse the continuance of the loan of medical relief to such persons. The cost of the relief thus afforded by loan, might be calculated at so much per diem, with an additional charge for journeys, and should be distinct from any arrangement for the regular paupers.

The result of the whole plan, as sketched out in the foregoing observations, would be, that medical attendance on paupers would be placed under effective superintendence and controul; that the just rights of medical practitioners would be protected; that the rates would be secured from expenditure on improper objects; that the sick paupers would be promptly and efficiently attended; that the sciences of medicine and vital statistics would be enriched by an extensive and valuable collection of facts; and that the community would be protected from the inundation of a race of medical adventurers, as bold in their practice as they are inexperienced in the treatment of disease; and who, from the low rate of their pecuniary demands, may be reasonably supposed to be proportionally inferior in their qualifications.

(Signed) N. Rumsey
Robert Ceely
H. W. Rumsey.

Feb. 23d, 1837.

The Appendices contains other details and proposals, which may prove useful to a Parliamentary Committee of Inquiry, or to any delegated authorities; but the respective authors of these proposals do not insist on them as absolutely necessary to the satisfactory settlement of the question, believing that the preceding observations contain all that is necessary for this purpose.

Appendix, No. 1.

Mr. Ceely's *Proposals for the Provision of Medicine and Medical Attendance, and the Remuneration of Medical Officers.*

The medical provision for sick paupers consists of medicine and medical attendance, hitherto, in general, obtained from the same source. They should be separately procured.

Medicines, leeches, &c. should be bought at the joint expense of all the parishes of a Union, be deposited in an appropriate place, a dispensary, in a convenient part thereof, and be put under the care of a proper person, a dispenser, who should dispense the same according to the directions only of the several medical officers of the Union.

Each distant parish should have a sufficient supply of medicines, &c. preparations for ordinary use, deposited in an appropriate place, for the wants of the paupers of that parish, and under the care and direction of the parish medical officer.

In all urgent cases, sick paupers would thus be spared the trouble, time, and delay, of sending to a distance for medicine. Other cases, not so urgent, might, if necessary, be dispensed for at convenience, at the central dispensary. Thus, the delay in the administration of important remedies would be prevented, and all temptation to withhold suitable medicines, or the suspicion thereof, would be completely removed.

Medical attendance must be provided for populous towns, for workhouses, and for small and distant parishes. No single plan for this provision can be fairly or satisfactorily applied to all these circumstances.

1. In parishes where the gross population does not amount to 150, the medical officer should be paid one shilling per visit to each patient, not of the same family.

The customary charge for journeys, to be paid in addition, for distant parishes, one journey per day only to any parish being allowed, except an urgent message requires the medical officer to take a second journey to the same place, when a second charge should be allowed.

2. Parishes having a population of 150, or upwards, should remunerate the medical officer by a salary computed by a sum per head on the whole population, according to a graduated scale. Thus:—

Number of Population.	At per Head.		Total.		
	s.	*d.*	£.	*s.*	*d.*
150	1	0	7	10	0
300	0	11	13	15	0
500	0	10	20	16	8
1,000	0	9	37	10	0
2,000	0	8	66	13	4
3,500	0	7	102	1	8
5,000	0	6	125	0	0

The intermediate numbers might be calculated proportionally. Thus, for any number between 300 and 500, take the corresponding difference between 13*l.* 15*s.* and 20*l.* 16*s.* 8*d.*

Distant parishes to pay, in addition, the customary charge for journeys; one journey only being charged to any village on the same day, with the exception as before mentioned.

3. In workhouses, a payment per head per annum, graduated according to numbers.—(See the scale for payment per pauper in Mr. Rumsey's Proposals. *Appendix*, No. 2.)

Where workhouses are distant from the medical officer, journeys chargeable according to the customary rate.

Midwifery.—Where a midwife can be obtained, ordinary cases to be managed by one, the surgeon being called in only in difficult cases, when a fee of at least 1*l.* 1*s.* should be chargeable. Where the midwifery cannot thus be provided for, and cases are indiscriminately attended by the medical officer, the customary charge to poor people should be allowed, with a payment for journeys, if distant.

Dislocations, fractures, and capital operations, as requiring immediate, extraordinary, and often prolonged attendance, require a specific payment of from 1*l.* 1*s.* to 3*l.* 3*s.* each, with a charge for journeys, if distant.

Appendix, No. 2.

Mr. H. W. Rumsey's *Proposals for the Provision of Medicines, and the Remuneration of Medical Officers.*

It is desirable that the supply of medicines should be separated from that of medical attendance; but this separation must be effected with caution, and will be found more practicable in large and populous towns, than in thinly-peopled agricultural districts. It might, however, be adopted under the following circumstances.

The union workhouses are generally situated in the principal towns in the Unions, and might therefore with propriety contain a room for a dispensary; to be used not merely for the inmates of the house, but for the paupers of all the parishes attended by practitioners resident in the same town. The quantity of medicines required for such a district would, in most instances, be sufficient to employ the full time of a dispenser, who might board in the house, and receive a salary of 20*l.* per annum; or, if this were considered unnecessary, a dispenser might generally be procured from the town, to attend at certain hours daily, and to be ready for emergencies.

In other considerable towns, not containing a workhouse, a room might be engaged for a parochial dispensary, to which the prescriptions of all the resident medical officers might be sent; the dispenser either living at the dispensary, or attending when required, as might be most convenient; or, a previously-established charitable, or self-supporting, dispensary, might, with the consent of its governors, be employed for this purpose.

In rural districts, where none of these methods could be adopted, for instance, in places where no one competent to dispense medicines could be procured, or where the expense of a separate establishment would be out of proportion to the benefit, or where only one medical officer might reside, the alteration would appear hardly practicable, and the medical officer might himself continue to provide the medicines.

The cost of drugs for union or parochial dispensaries, would be greatly diminished, if they were all supplied from a depôt and laboratory in London, placed under the superintendence of the proposed Medical Board.

Many advantages would arise from such an arrangement, in addition to the cheaper supply; an undue consumption of medicines (in proportion to attendance), in any locality, would be immediately detected, and the purity and genuineness of the drugs would be secured.

But in those places, where a previously-established dispensary could be advantageously employed, or where the medical officer continued to furnish medicines from his own house, the medicine should be contracted for at a certain sum per case (from 1*s.* 6*d.* to 2*s.* 6*d.*, according to the number of cases, would be a reasonable payment).

The following Scale *might serve as a Guide.*

Payment for Drugs.

Number of Cases.	At per Case.	Total.
	s. *d.*	£. *s.* *d.*
25	2 6	3 2 6
50	2 4	5 16 8
100	2 2	10 16 8
200	2 0	20 0 0
400	1 10	36 13 4
800	1 8	66 13 4
1,600	1 6	120 0 0

The intermediate numbers might be calculated proportionally. Thus, for any number between 50 and 100, take the corresponding difference between 5*l.* 16*s.* 8*d.* and 10*l.* 16*s.* 8*d.*

With regard to the remuneration for Medical Attendance, some species of contract appears inevitable. But it should be regulated by a scale, which should be calculated (as closely as is practicable) for the various circumstances of parishes, and in proportion to the amount of duty performed by the medical officer.

Several methods of calculating this remuneration have been proposed.

A payment per head on the population, as it does not provide for the various proportion and fluctuation of pauperism in different parishes, would by many be considered as opposed to the discriminating principle of the new Poor Law. Besides, it neither protects the rate-payers from future burdens, nor the medical officers from present loss, as it allows an unlimited number of persons to receive medical relief, without an immediate increase of charge to the parish. It, therefore, may induce the administrators of relief, whether guardians or relieving officers, to save themselves trouble at the expense of the medical contractor; and thus, with regard to the labouring classes, it indirectly tends to keep up the habit of dependence on the rates for assistance.

The same objections apply, though in a less degree, to a per centage on the amount of poor-rate, as that likewise affords no inducement to the administrators of relief to investigate the destitution of each particular applicant.

There remain, however, TWO methods of framing a contract, not liable to the previous objections, though both inadmissible, unless the relieving officer's power of granting orders for medical relief were abolished; and both would coincide with the substitute for this practice, which is recommended under the 5th head of the "Observations."

The first, is by an average payment for each case of illness and accident, with certain exceptions hereafter mentioned, without any maximum being fixed for the sum total. A graduated scale for this payment per case would be necessary, in order to meet the difference in the circumstances of parishes with a numerous, and those with a small population. Thus:—

Number of Cases.	At per Case.		Total.		
	s.	*d.*	£.	*s.*	*d.*
25	6	0	7	10	0
50	5	6	13	15	0
100	5	0	21	0	0
206	4	6	45	0	0
400	4	0	80	0	0
860	3	6	140	0	0
1,600	3	0	240	0	0

The remuneration for any intermediate number of cases might be calculated proportionally. Thus, for any number between 50 and 100, take the corresponding difference between 13*l.* 15*s.* and 25*l.*

Example:—for 60=16*l.*

for 95=23*l.* 17*s.* 6*d.*

Every distinct and different case of illness in the same individual, however close in succession, should be charged; but a relapse of the same disorder, occurring within one month from the date of discharge, should be considered as part of the former case.

The inmates of workhouses should be charged at the lowest sum in the scale, as affording less trouble to the medical officer.

The distance of parishes, or of hamlets, or of workhouses, or of individual patients, from the medical officer, obviously requires some additional remuneration, and there is no better method of computing this, than by a distinct payment for journeys, at the customary rate in each locality; one journey only in the same day being allowed to the same parish, or hamlet, or workhouse, or patient, except where an urgent message requires the medical officer to take a second journey to such parish, &c. &c., on the same day, when a second charge should be incurred.

Midwifery.—The ordinary run of pauper midwifery cases should be managed by a well-trained female midwife, the medical officer attending only when called in by her in cases of difficulty or danger, the charge for which should be at least 1*l.* 1*s.*, with an additional allowance for the journey, if distant.

Vaccination might be charged at one-third of the sum per case, stated in the foregoing scale. The capital operations of surgery, compound fractures, and compound dislocations, should also entitle the medical officer to a specific payment of from 2*l.* 2*s.* to 3*l.* 3*s.* each, with an additional charge for journeys, if distant.

The second method is by a payment per head on the average number of regular paupers, or those who are in the receipt of relief in money or in kind.

If this method were adopted, a list of the regular paupers should be furnished to the medical officer, and any weekly diminution, or increase of the number, should be notified to him; the average number per week might in this manner be easily ascertained at the end of the year or quarter. Sickness, or accidents, with temporary destitution occurring in individuals not entered on the aforesaid list, would be provided for according to the arrangement proposed under the 6th head of the "Observations."

The scale for payments according to the number of paupers, should be compiled on the same principles as the foregoing scale for a payment per case; but in estimating the respective amounts, it should be remembered that, owing to the change in the administration of relief, the term "pauper" is becoming more and more exclusively confined to the aged, the infirm, and the diseased; thus, of course, the rate of remuneration must be increased proportionally.

The following SCALE *would apply both to Workhouses and Parishes.*

Number of Paupers.	At per Head.		TOTAL.		
	s.	*d.*	£.	*s.*	*d.*
50	4	0	10	0	0
100	3	11	19	11	8
200	3	10	38	6	8
300	3	9	56	5	0
400	3	8	73	6	8
500	3	7	89	11	8
600	3	6	105	0	0
800	3	5	136	13	4
1,000	3	4	166	13	4
1,250	3	3	203	2	6
1,500	3	2	237	10	0
1,750	3	1	269	15	10
2,000	3	0	300	0	0

The salary for any intermediate number of paupers might be calculated proportionally. Thus, for any number between 100 and 200, take the corresponding difference between 19*l.* 11*s.* 8*d.* and 38*l.* 6*s.* 8*d.*

Though this scale would apply both to workhouses and parishes, the DISTANCE of parishes, or workhouses, or patients, should be provided for by a separate charge for journeys, as proposed in the first method.

Midwifery, the capital operations of surgery, compound fractures, and compound dislocations, should be charged separately, as suggested in the first method.

The preceding scales for medico-parochial remuneration (as has been already stated), are entirely distinct from any payment or provision for drugs, &c.

If the Legislature or the executive were to adopt either of the methods proposed in this Appendix, the scale should be revised periodically, in order that unavoidable defects might be rectified, and the respective sums adjusted to any general alteration in prices.

APPENDIX, No. 3.

Mr. H. W. RUMSEY'S *Proposals for the Appointment of the Members of the Poor Law Medical Board.*

It is doubtful whether it would be found possible to fix the remuneration for medical attendance on paupers at an uniform rate, and by the same method in every locality, with satisfaction to all parties.

It would, therefore, appear desirable, that the power of appraising these professional services, should be left to some impartial tribunal, which might decide according to any peculiar circumstances appearing to dictate a variation, either in the rate, or in the form of such remuneration.

The power of valuation might be entrusted to a medical board, consisting of three professional men, one of whom should be appointed by the medical faculty, and the other two by the Government; or, if instead of a distinct medical board, two or three medical commissioners, or assessors, in conjunction with the Poor Law Commissioners, were preferred, it would be equally necessary that these should, partly, at least, be appointed by the medical profession. An analogous arrangement exists in the Tithe Commutation Act, where one of the Tithe Commissioners is appointed by the Archbishop of Canterbury.

The former arrangement would have the merit of simplicity, the right of appointment being entrusted to the President of the College of Physicians, the President of the College of Surgeons, and the Master of the Apothecaries' Company, jointly; but considering the present constitution of these collegiate and corporate bodies, and the fact that they do not represent the profession at large, it would, by many, be deemed essential that the whole medical faculty should have the right of appointment, and then the following would be the readiest mode of election:—

Every legally-qualified medical practitioner to have the right of nominating a candidate and of voting. Every candidate to be nominated by at least fifty practitioners.

Statements of the nominations and votes to be forwarded to the Secretary of State.

The list of duly nominated candidates, and the day of election, to be published in the *London Gazette*, or in any other manner which may insure sufficient notoriety. Votes to be transmitted to the Secretary of State, by post. The signature of each voter (as well as of each nominator), to be attested by competent witnesses, and the legal qualification of every practitioner, so voting or nominating, to be appended to his name.

APPENDIX, No. 4.

The surest method to prevent the favouritism, and other abuses incident to the present mode of appointing medical officers, also to insure distinct parochial appointments, as well as to relieve the medical profession from that complete subjection to the Boards of Guardians, which is rapidly undermining its independence and respectability, would be to restore the right of appointing the medical officer to the rate-payers of each parish, except as regards the Union workhouses, the medical attendants for which, might still be appointed by the Boards of Guardians. The votes of the rate-payers, in the election of medical officers, should be given in writing; and the mode of nomination and election should be the same as that now in use for the election of Guardians.

In case the elected surgeon be disqualified, or die, or be dismissed, or resign, the Board of Guardians might appoint a successor until the next annual election.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, February 28, 1837.—Mr. Earle, *President.*

AFFECTIONS OF THE SPINE.

A paper was read on "long-continued contraction of the lower extremities, from an affection of the spine; with observations;" by Mr. Richard A. Stafford, Surgeon to the *St. Marylebone Infirmary*. The author opens his communication with some preliminary remarks upon the influence which the spinal chord possesses in cases of local hysteria, between the various symptoms of which, and those which are produced by acknowledged disease, or injury of the spinal chord, he draws a close parallel, with the express object of proving that the pains, the spasms, the palsy, (or want of muscular effort), the muscular contractions of the limbs, and the other symptoms, are common both to cases of local hysteria and to diseases or injuries of the spinal chord, and, accordingly, the author infers that both classes of cases have a common origin, or cause, in a congested or inflamed condition of the spinal chord, or of the roots of the spinal nerves, or of the membranes which invest those parts; and he supports his opinion by showing, that the most successful treatment is that which is directed to allay such congestion or inflammation of the spinal chord, and not that which is employed with a view to relieve the mere local affection. The author illustrates his opinions by numerous examples, and especially quotes four cases. Two of these he considers instances of local hysteria terminating in a contracted state of the limbs, but chiefly of the lower extremities, and to such an extent, that the toes became closely bent on the foot, the foot on the leg, and the leg on the thigh. In both cases the patients were young females. The other cases are examples of diseased vertebræ, producing muscular contractions similar to those of the preceding cases. In all four cases the symptoms equally arose, in the author's opinion, from a deranged condition of the spinal chord. In conclusion, Mr. Stafford divides the period of the complaints which are the subject of his paper, into three stages:—1st, The acute stage marked by spasms, or pains, more or less severe in various parts of the body; 2ndly, The chronic stage, where blisters and counter-irritants are used; and 3rdly, The curative stage, where it is only necessary to restore, by suitable extension, the contracted limbs to their natural position.

Mr. Arnott added to the case of one of the patients mentioned by Mr. Stafford, that she had come into the *Middlesex Hospital* a considerable time since for rheumatism, without any contraction of the limb then.* It was ascertained, in the course of a few days, that the pain came on after wounding the calf of the leg with a fork, while running down stairs. The case was treated as one of rheumatism, for some time, without any relief. The patient was then removed into the surgeon's ward, as it was supposed that she was labouring under hip-joint disease, and he (Mr. A.) was asked his opinion of the case, and he considered it to be hysteria. The gentleman whom she was under, a late surgeon to the hospital, however, treated it as hip-joint disease. A few days after her admission into this ward a rolling of the right arm came on, which was soon relieved by a sedative enema. Contraction of the knee and two fingers of the hand on the same side took place, and in this state the patient left the hospital. He (Mr. A.) heard nothing of the patient again until last September twelvemonths, when she was admitted into the hospital under his care, and he then ascertained that, after leaving the hospital before, she had been for some time a patient in the *Marylebone Infirmary*, where she had been treated by Mr. Stafford, as he had described. On her admission into the hospital this time under his, (Mr. A.'s) care, she complained of pain in the knee; there was no inflammation of the joint, but a slight degree of flexion. A splint was placed on the limb, and the contraction was entirely subdued in three weeks. No application was made to the spine, but the girl was made to walk about on crutches. A girl had been admitted with contraction of the knee-joint; she was admitted for rheumatism, but not getting better, she was placed under the surgeons. In that case the tibialis anticus was much contracted, its anterior edge, at the middle, forming an acute angle. Friction was employed, retention of urine came on, she was treated as a hysterical patient, and soon the contraction was removed. She had been once or twice in the hospital since, once with contraction and violent spasm of the adductor muscles, with great pain. Cupping and large doses of morphia did not relieve her; the shower-bath made her worse; the cold *douche* had been applied by order of Dr. Wilson, at the superior part of the thigh, and the patient got well.

Dr. Wilson said, that he generally found these contractions give way before the cold *douche*, placing the patients in such a position

* This case was one which was admitted under Mr. Stafford at the *Marylebone Infirmary*. She had then contraction of the knee-joint, with contraction of two fingers of the hand on the same side. She was 18 months under treatment, having been five or six months with the apparatus for extension applied to the limbs. She left the Infirmary quite well.—Rep. L.

as to rest entirely on the uncontracted limb, and afterwards making them walk about with crutches. This treatment was very painful, but successful. He had seen cases in which the heel was against the buttock, give way under this treatment.

Mr. MACILWAIN considered, that in many cases, when the symptoms were chiefly referred to the spine, that part of the body was only affected in a secondary manner, and he related a case in which disorder of the liver and bowels produced these symptoms, and which was cured by attention to the general health.

Mr. STAFFORD was much obliged to Mr. Arnott for the account he had given, as he (Mr. T.) had not had an opportunity of gaining the same information before. He could not conceive how permanent injury to a part, such as swelling or contraction of a joint, could possibly be termed "hysteria," in the general acceptation of that term. Indeed, from his own experience, and the success of the treatment which he had employed, he had no hesitation in adopting the opinions which he had expressed in his paper, as he had always found the remedies that he employed successful, and those remedies were directed to the spine.

RETIREMENT OF THE PRESIDENT.

As Mr. EARLE retired from office this evening, he gave a retrospective address of occurrences during the period of his presidency. The Society had only to regret the resignation of two of its Fellows, one from his having retired from the profession, the other in consequence of his living at a distance. Only three deaths had occurred, those of Dr. Hugh Ley, Mr. Millard, and Dr. Henry, of Manchester. High eulogiums were passed on these gentlemen. The number of associates which had been added to the list during the year was thirty-five, in the two years seventy-two. Eighteen honorary members had also been elected, chosen from the most distinguished men in all countries. The funds of the Society had much improved, and several old debts had been liquidated, and a balance was still left in the Treasurer's hands. The current volume of the "Transactions" had been delayed in consequence of unavoidable circumstances, arising out of the labours of the Committee to ascertain the exact state of the Society's profit, &c., on the last nineteen volumes. A well-merited compliment was paid to Mr. South, for his labours on behalf of the Society,* as also to the Sub-librarian, Mr. WILLIAMS, for the manner in which he had performed the duties of his office. The President hoped that the Society, ere long, would have apartments allotted to them, free from expense, in Somerset-House. Various interviews with the Home Secretary had taken place on the subject, who was favourable to it. He wished to acknowledge that he believed that he had given a wrong opinion on a case which Mr. Stafford had brought before the Society, of fracture of the spine.* He (Mr. E.) had thought that it was caries instead of its being the result of a fracture. He now believed that Mr. STAFFORD's opinion was right; he had since had a patient in *St. Bartholomew's Hospital*, in whom this distortion took place after a fracture of the spine, produced by a fall on the buttocks. The President then expressed his wishes for the prosperity of the Society, and left the chair amid applause.

* One of these consisted in the construction of an index to the last nineteen volumes of the Society's "Transactions."

* We believe the President referred to a case which was related in the last season, one of distortion of the spine, resulting from a fracture, which was exhibited by Mr. Stafford. Some doubts were then expressed in the Society as to the possibility of such an accident occurring. Two cases, however, we believe, have since been printed, confirming the opinion of Mr. Stafford.—REP. L.

WESTMINSTER MEDICAL SOCIETY.

Saturday, March 4, 1837.—Mr. R. Quain, President.

ENDERMIC MEDICATION.

Dr. A. T. THOMSON, in reference to the discussion of the other evening, regarding the mode of administering medicines by the skin, related the following case:—A young woman, eighteen years of age, had always enjoyed good health, till four months since, when she first noticed a black spot under the nail of the middle finger of the right hand; the finger had been since several times swollen, red, and painful; it had been opened several times, but no matter escaped. The pain extended up the arm and shoulder to the spine; there was also tenderness on pressure on the nerves of those parts. Leeches were repeatedly applied to the dorsal spine, as well as cupping and blistering, without any benefit. The fingers could not be extended, on account of the pain experienced in any attempt to extend them; there was heat and redness up the arm, with occasional pain in the spine; she kept the arm close to the side. On the 20th of February leeches were applied to the spine; these were repeated without benefit; and, on the 1st of March, she was admitted into the hospital. As her bowels were confined, she took purgatives with effect, and a blister was applied to the spine. A grain of morphia was sprinkled

on the abraded surface. This produced a benumbing sensation down the arm to the fingers, but that ceased in the course of three or four hours. A second application of morphia was made, and produced the numbness of the limb again; soon after which, she began to recover motion, and, in the course of a few hours, she got quite well, the morbid sensations having entirely left her. Dr. Thomson said, that this was a satisfactory case, if any inference could be drawn from the solitary instance, of the action of morphia applied in this way, when a particular set of nerves was affected.

Mr. Chance inquired if Dr. Thomson had applied the morphia by this method, in cases of tic douloureux. He (Mr. C.) had applied a blister in a case of this kind, of about the size of a shilling, over a portion of the affected part, and placed four grains of the acetate of morphia on the abraded surface; slight numbness was produced, but the pain was not relieved. He had, also, employed the muriate of morphia, and belladonna, but neither were successful in removing the pain.

Dr. Thomson said he had found the use of blisters, followed by the application of the tincture of opium, useful in cases of tic and trismus. He had innoculated one of his own family, who was subject to nervous headachs, in the manner recommended by Dr. Bureaud; he made six punctures, no relief of the headach followed.

Mr. Pettigrew, jun., said he had had some experience in treating diseases by the endermic method of medication. He had not, however, seen generally good results follow the application of narcotics for neuralgic pains; but he had known the dressing of a blister over the abdomen, with castor oil, remove constipation, which had withstood all kinds of purgative medicines. Blistering the scrotum, and applying a dressing of mercurial ointment, he had known useful in cases of hydrocele, and simple enlargement of the testicle. In a case of periostitis affecting the tibiæ, he had found the pain removed by dressings of liquor opii sedativus, but the medicine had no effect on the swellings. Blisters had been applied before without relief, therefore the good result was not to be attributed to them.

Dr. Thomson remarked, that not only did purgatives act by being applied to a blistered surface, but even if applied to the skin, when entire, they were effective; a cataplasm of rhubarb applied to the epigastrium, produced purgation, the urine not being tinged with the colouring matter of the drug, as is the case when the medicine is administered by the mouth. Aloes applied to a denuded, or to an unbroken surface would also act as a purgative.

Mr. Costello stated that he had applied his instrument for scarifying the prostate, mentioned in our last, in a case of enlargement of that organ, with the very best possible effect. The patient did not experience any pain from the operation.

IRRITABLE UTERUS.

Mr. Brumsgill asked advice in a case of "irritable uterus." We understood him to say, that the pains of which the patient complained were intermittent, and were generally worse at the menstrual period. The lady was 35 years of age, and married. He had examined the os uteri, but he did not state in what condition it was. There was no leucorrhœal discharge.

Dr. J. Johnson recommended the os uteri to be again carefully examined by the touch, and if tender and irritable, advised the application of leeches to the vagina or groin, followed by the administration of iron tonics. The disease, from its being intermittent, appeared to be neuralgic.

Dr. Thomson related the case of a lady, who suffered from disease of the uterus, which had withstood all kinds of medicines and local applications. When the patient had applied to him, he examined the os uteri with the speculum, and found it swelled and inflamed. There was occasionally a small quantity of thin discharge, but not at all amounting to a leucorrhœa. The local application of a solution of nitrate of silver, with the internal use of the hydriodate of iron, had afforded much relief. She had been cupped on the loins, and the rectum kept free from irritation by means of injections of cold water; but he was inclined to think the relief she had experienced, was to be attributed to the iron and the nitrate of silver.

Mr. Costello remarked, that diseases of the uterus frequently took on all the rational symptoms of calculus in the bladder, or the organs connected with it; and it was sometimes difficult to distinguish the real nature of the affection. He thought the use of the speculum of great service, in assisting the diagnosis; and he related a case in which an irritable and gorged state of the uterus simulated calculus, the attacks being intermittent, at intervals of three or four days. The speculum, assisted by the touch, detected the real state of the case, and the application of leeches, on several occasions, to the os uteri, with the internal use of the hydriodate of potash, and occasionally applying a suppository, materially relieved the patient, and she had now intervals of ease extending to ten or twelve days. The leeches were easily applied by means of the speculum; when they were full, they dropped into the instrument, and vomited the blood they had drawn.

Mr. Chinnock had applied leeches to the os uteri, when there was reason to suppose it was engorged, with great benefit. He found they were easily applied by the pa-

tient, by means of long glass tubes. He had, in one case, however, such extensive hæmorrhage, after the application of six leeches to this part, that he found it necessary to plug the vagina, the patient becoming faint and exhausted.

Mr. CLAPP had found the common female-syringe, with the top taken out, a good medium for applying leeches to the os uteri; six or eight leeches put into the instrument, and forced up to the affected part, by means of the piston, was a proceeding he had often found very successful in these cases.

Dr. JOHNSON asked Mr. Costello what advantage the use of the speculum had over mere touch; the colour could be ascertained by the speculum, but the turgescence and sensibility of the part were better ascertained by the touch.

Mr. COSTELLO merely advocated the use of the speculum to aid the touch.

Dr. ADDISON spoke at some length on the subject of uterine affections. He had been surprised that no member had spoken of the means of preventing this class of maladies. He believed an irritable state of the uterus, in the majority of cases, was the result of indiscreet conduct during the menstrual period. In the higher walks of life, as well as in the lower, women generally made no change in their mode of living during this period, went to balls, &c.; and this could not be done with impunity, at least in the present artificial state of society. The irritable state of the uterus was much, if not entirely, influenced by irregularities during menstruation. Without a proper repose, then, during this period, the disease would neither be prevented on the one hand, nor relieved on the other, whatever remedies were applied. He recommended a gentle laxative to be used just before the expected menstrual period; if there was local pain, an anodyne might be administered, and, during the menstrual flow, rest should be enjoined. Under this treatment, much relief would be experienced. He then went on to speak of the various nervous pains which had their origin in an irritation of the womb, and of the great mischief that had been done in many cases, by treating those pains as inflammatory.

UNIVERSITY COLLEGE MEDICAL SOCIETY.

Saturday, Feb. 25.—Mr. Ellis, President.

EFFECTS OF GALVANISM ON THE ANIMAL ECONOMY.

MR. BLAKE read a paper on the above subject. After a short review of the progress of the science from the discovery of Galvani to the present time, he entered into a consideration of its effects on the animal body, under four divisions, viz., those which it produces on the dead body; those which characterize it in its action on the living body, as producing contractions, chemical decompositions, and its relation to the process of secretion; and then its application as a therapeutical agent. In noticing its effects on the dead body, he observed the difference in the time which it took in different animals to lose the power of being excited by a galvanic current, and the relation which seemed to exist between this and the place the animal held in the scale of development, being sooner lost in the higher animals than in the lower, as this relation also seemed to be continued even in the case of individual muscles, as in the heart, which is the most excitable muscle during life, and the first to lose the power of being excited by a galvanic current "after death." After showing the effect produced by increasing the strength of the current, he called attention "to the interesting phenomena which occur on altering the direction of the current after the irritability of the muscular fibre had been exhausted by its continuance in one direction. On changing the course of the current, the contractile power of the muscle is again renewed; and by this mode of proceeding can be continued during an entire day. He observed, that this is an experiment which is worthy of further investigation, as tending to throw a light on the hitherto obscure subject of muscular contractility, as we are able thus to renew it after it has been, in a measure, lost. Having noticed the effect produced by galvanism, in causing contractions in the living body, he entered into a consideration of the difference between these contractions and those which were the result of the will, stating, "that it was impossible to cause anything resembling a steady, muscular contraction, by the use of a galvanic current; even when this was apparently caused, as by the magneto-electric machine, it was, undoubtedly, the result of the shocks being renewed so quickly, as not to give time for the relaxation of the muscles before contraction was again renewed by the succeeding shocks. Should this be the correct explanation of the phenomena, it must be allowed that time enters as an element into muscular contractions. Another important objection to the theory of the identity of nervous influence and galvanism, is the effect produced on applying a ligature to a nerve; we find, that by so doing its power in performing its natural functions is entirely destroyed; and did those functions consist merely in conveying a current of electricity from the brain, we might expect that it had equally lost its power as a conductor of common galvanic currents; but experiment proves that its facility in conducting those currents remains unaltered by pressure or ligature. In reconsidering the chemical decomposi-

tion resulting from the passage of a galvanic current through the body, when its intensity was not sufficient to produce muscular contractions, he observed, that these effects had not been noticed, but that he was led to make experiments on the subject, by observing the appearances produced on a man to whom he had applied plates of zinc and silver, so as to keep up a constant galvanic current. The result of these experiments was, that he considered the fluids of the body to be decomposed by means of a galvanic current.

After noticing the theory of Wilson Phillip, on the effect of galvanism on the secretions, he stated that he considered the galvanic currents, which have been observed in the body, as the *result*, rather than the cause, of secretion. In the structure of the secreting organs we have fulfilled the very conditions which are required for rendering apparent the electricity which is set in motion by the decomposition of the different constituents of the blood. The currents of electricity thus set in motion, are made evident by the galvanometor. The author then considered galvanism as a *therapeutical* agent. He had seen benefit afforded by it, though not a cure, in paraplegia and hemiplegia. He related several cases of partial amaurosis, in which Magendie had used galvanism successfully. He recommended the trial of plates of zinc and silver, connected by wires, on the back and chest in asphyxia, the patient at the same time being immersed in a bath. The plates of zinc used by the author are very large, and to whatever part applied are connected by copper wires to small plates of silver placed on the back of the neck at the summit of the vertebral column.

ROYAL INSTITUTION, *March* 3.—Mr. WOODWARD this evening delivered a very interesting lecture on the nature and properties of polarised light, the experiments being assisted by the hydro-oxygen apparatus. The lecture was of too demonstrative a character to allow us to make any report of it available to our readers. At the conclusion Mr. Faraday stated that it had been asserted, in some of the journals, that he had succeeded in obtaining insects in the manner practised by Mr. Crosse, but the statement was erroneous, and he wished the fact to be publicly stated.

COURT OF REQUESTS,

TRINITY-STREET, BOROUGH.

A case, TUCKER v. BROWN, came for adjustment into the above court on Friday last, which we have been requested by the defendant to report. Accordingly a gentleman who attended from this Journal has supplied us with the following statement:—

Mr. TUCKER, a respectable general practitioner, residing at Kennington, was requested, by note, to attend a child, in East-street, Kennington. The note was written by Mrs. Brown. Mr. Tucker attended accordingly, and found the child suffering from an abscess of the cheek. This he opened, paid one more visit, and found the child quite well. At this visit Mrs. Brown stated that her husband was a surgeon, but that he was out of town. Mr. Tucker had no reason to suppose this to be the case; there was no name on the door of the house where Mrs. Brown lodged, nor had Mr. Tucker ever heard or seen anything of Mr. Brown or his family before this attendance. Some short time elapsed, and no acknowledgment was made for the attendance, and Mr. Brown did not either call or send to Mr. Tucker, who eventually sent in a bill, requesting payment of five shillings for medical attendance. Whereupon Mr. Brown called at Mr. Tucker's house, in his absence, and abused the servants; and on one occasion, when he saw Mr. Tucker himself, he did not conduct himself in a professional manner, but was also then somewhat abusive. Under these circumstances Mr. Tucker summoned the defendant to the Court of Requests for the aforesaid 5*s*.

The defendant now contended that Mr. Tucker must have known that he (Mr. B.) was a surgeon, as his wife told him so at the second visit, and that it was unprofessional for one surgeon to charge another for attendance. He then read one of the by-laws of the *College of Physicians*, respecting the attendance of members on surgeons, &c., free from expense. On these grounds he rested his opposition to the payment, but the commissioners thought, from all the circumstances, that Mr. Tucker had acted properly, and ordered the five shillings to be paid. Mr. Brown, on retiring, asserted that his object was obtained, in bringing "Mr. Tucker's conduct" before "the public." The commissioners replied, that they hoped that Mr. Brown's conduct was "before the public" also.

It would be difficult to suppose, either from the manner or the general demeanour of the defendant, that he was really a member of the medical profession.

IRISH MEDICAL AFFAIRS.

NOTWITHSTANDING the cunning and dexterous activity of the school faction in the Dublin College of Surgeons, and, to say the truth, they are seldom deficient in energy, whatever they may be in talent and scruples of conscience, it would appear, after all, that the JACOBIAN job in York-street, is likely to fall in pieces, as it were, by its own intrinsic rottenness and imbecility. We are led to this opinion by what has already taken place there, as well as by the changes which are rumoured.

1. Mr. COLLES, whose character and fame as a teacher of what is called practical surgery, was perhaps the schools' chief attraction, at least after the mendacious and impudent announcement of the ROYAL arms, and the COLLEGE epithet, has, it is well known, some time since withdrawn altogether from the establishment, the selfish and conceited jealousy of his successor not permitting him to give even a half-dozen or so lectures upon a favourite subject. Mr. WILMOT, too, is said to be delivering his last course of oral instruction in the College; his successor is even confidently named. So much for *surgery*.

2. *The theory and practice of physic* have passed from the experienced hands of a MARSH and a KIRBY, into those of Messrs. BENSON and EVANSON, who, with fraternal agility, have both leaped with a kind of hop-step and jump into the professional chair, the one from the dissecting-room in the College of Surgeons, the other from the Materia Medica Magazine in Park-street.

3. 4. The subjects of *midwifery* and of *materia medica* have also been assigned to two other Johnny-Raws, *protégés* of the faction; the resignation of Mr. JOHNSON, and the death of Mr. M'NAMARA, (both of whom possessed some character and experience as lecturers,) having transferred their respective chairs to Messrs. MAUNSELL and WILLIAMS, names, no matter how respectable, that do not, and should not, carry any weight as authorities upon these important topics.

5. Rumour speaks freely of the resignation of Dr. APJOHN, who is at present professor of *chemistry:* his patience somewhat tried by the stationary condition of things in his own alma mater (Trinity College, Dublin), he is said to cast a longing eye to the chemical chair in University College, vacant by the lamented death of the gifted and amiable TURNER, a situation for which, by-the-bye, he is reported to be fitted both by the fullness of his chemical knowledge, the clearness of his powers of demonstration, and the liberality of his general opinions.

6. Mr. HARRISON, too, *on dit*, is the favoured candidate for the professorship of *anatomy* in the Irish University, vacant by the resignation of Dr. MACARTNEY.

We stop not to perform the idle and useless task of tendering advice to the Dublin University, but we cannot help remarking *en passant*, that if they were wise, if they were attached to science, they would take the present opportunity of enlarging and liberalising the anatomical foundation, as well as the mode of election thereto. They should not be caught by the now commonplace, and every-day qualification of a mere demonstrator of the human body, however flippant and glib, or, if you will, eloquent he may be: they should require in their candidate, besides this talent, which is very good in its way, a liberal and extensive *knowledge* of physiology and comparative anatomy; we say, knowledge; not a *par routine* delivery of dry facts and marrowless details, rapidly enunciated from a vain feeling of display. It is surely time to require that physiology and comparative anatomy should be taught and learned in our schools. No one, then, should be elected, not thoroughly versed in these important and interesting topics, and *capable* of profound reflection, and, of course, of liberal and extensive general views. The office should also be fairly and freely thrown open to the wide field of British talents.

Should the preceding rumours be founded in fact, and we have little doubt of it, from the authentic source from whence we derive our information, it must be evident that the school already totters on its foundation. All the teachers of any eminence and respectability are rapidly leaving it, and already the institution passes into the hands of inexperienced tyros, selected from all incongruous quarters, not from their fitness for the office they are to fill, but from the docility of their submission to the presiding faction. Thus, when those rumours which we have mentioned shall be accomplished, only one of the old hands will remain, Dr. JACOB, and he may be safely left, like the malignant demon of desolation, to dwell, with what feelings of satisfaction he may, upon and among ruins, accomplished by the mean and grovelling schemes of selfish ambition, so dear to himself and his confreres. Such is retributive justice!

Meantime, our Irish brethren may look forward with confidence for an early abatement, if not a complete dissolution, of the useless and insulting nuisance in question, the Dublin College School. They may expect to see, also, a termination of the marvellous anomaly of complete stagnation, in the midst of universal impulsion, presented by their college; we say, complete stagnation, for there the college, though circumstanced in other respects most favourable for progressive improvements, stands precisely as it stood at its first foundation, viz., with its school, and nothing besides. They may also hope to see some attention at length paid to those duties and interests, for which the

college exists, or rather ought to exist, and for which it was originally founded.

Public opinion, as might be expected, daily sets in stronger and stronger against the impolicy, as well as the injustice of sacrificing the sum total of all public and general interests to the selfish meanness of a few avaricious incapables. The most short-sighted begin to see the propriety of keeping pace with the spirit of the age, and the absolute necessity of providing some other expedient to attract public attention, and secure public esteem and confidence (now rapidly falling away, soon to be irrecoverable), besides the miserable abortion of an elementary school, whose glory is completely eclipsed by the superior and more effective brilliancy of ordinary private establishments that flourish all around, in spite of the tyrant monopoly attempted by the college. Almost all the experienced professors seem filled with the instinctive feeling which is said to be so characteristic of a certain tribe of the rodentia, and are most anxious not to be caught in the ruins of a house which they are convinced cannot, and should not, be allowed to stand.

Nor are these sentiments peculiar to those within the college. Even out of doors, the conviction that the college school is a mere private establishment, under execrable management, inferior to other private schools in many respects, is gaining such extensive progress among pupils, that we are informed there are several persons, hitherto thick-and-thin advocates for the school job, who, dead to all other sentiments, begin to doubt the *policy* of permitting before the public the humiliating exhibition of the school job, dying the lingering death of inanition from the want of pupil nourishments, which must be the case after a few seasons more.

To us these things, we confess, bring nothing but gratification, because, in them we see, with confidence, the promise of better things.

CHEMICAL DISUNION OF ALOES AND GAMBOGE AFTER ADMIXTURE.—*To the Editor.*—SIR:—On the recent trial between the wholesale pill vender and the *Weekly Dispatch*, Professor Daniell declared that some of the pills contained, amongst other ingredients, aloes and gamboge, in certain definite quantities. Permit me to ask the learned Professor by what process he was enabled to separate, with *fractional nicety*, these two organic constituents, for neither Berzelius, nor any other chemist with whose labours I am acquainted, has furnished any method by which aloes and gamboge can be eliminated from each other, when intimately combined, both substances being more or less soluble in the same menstrua. I am, Sir, your obedient servant, A GENERAL PRACTITIONER.

THE LANCET.

London, Saturday, March 11th, 1837.

THE Committee on the English Poor Law assembled, for the first time, on Monday last. The sitting was a short one, but sufficient time was occupied to determine on the course of inquiry which the Committee should pursue. The inquiry will be of a very unrestricted nature. It is to embrace not only the operation of the Act, but also the condition of the poor before the provisions of the new law were in force. This wide range of investigation, if the scrutiny be impartially conducted, must afford general satisfaction to the public. The Union of Petworth, in Sussex, is the first in which the examination of witnesses will be prosecuted; and it has wisely been determined to proceed with the investigation in all those Unions from which complaints of cruelty and mismanagement have been forwarded to the Legislature.

At the meeting of the Committee on Monday, Lord JOHN RUSSELL intimated that he would not object, if such a proceeding were deemed desirable, to the appointment of a sub-committee to inquire into the medical treatment, as a distinct branch of investigation; but Mr. HARVEY, and Mr. WALTER, feared that such a course could not be conveniently adopted, as the appointment of such a sub-committee might have the effect of separating from the general Committee, two or three out of the *four* members, only, whose opinions were known to be unfavourable to the principles, as well as the operation, of the new law. Mr. WAKLEY, after thanking Lord JOHN RUSSELL for his courtesy, deemed it to be prudent to decline acceding to the proposition, at least at present. He stated, at the same time, that from the prevalence of disease in the country, and the severe labours which, consequently, devolved on the medical practitioners, it certainly would not be right to attempt to prosecute the medical portion

of the investigation, until after the Easter recess, when there might be less inconvenience and danger than existed at present, in summoning medical gentlemen to London, to give evidence before the Committee; but it was determined, in the mean while, that, as the circumstances of the various Unions are brought before the Committee, the witnesses should be examined respecting the arrangements which have been made for the medical treatment of the sick. The facts which may thus be elicited, if the friends of Reform discharge their duty to the cause, by transmttting correct accounts of abuses, and the names of witnesses, may be of such a nature as to render a distinct medical investigation after Easter, a very brief, as well as a very satisfactory, process. We must, however, once more remind our professional brethren that, in the absence of *evidence*, the cause of the poor, and of the profession, cannot be sustained before Parliament.

The "Report" and "Appendix," which have been published by the sub-committee of the Council of the *Provincial Medical Association*,—consisting of Dr. A. W. Davis, Presteign, Mr. Thomas T. Griffiths, Wrexham, Mr. H. L. Smith, Southam, Mr. N. Rumsey, Beaconsfield, Mr. Chas. B. Nankivell, Coventry, Mr. Thomas Workman, Basingstoke, Mr. Thomas Brayne, Banbury, Mr. G. Fletcher, Croydon, Mr. R. Ceely, Aylesbury, Mr. George May, Reading, Mr. H. W. Rumsey, Chesham,—are exceedingly interesting and valuable documents. They have been drawn up under the direction of men, whose minds, with, perhaps, but one exception, are capable of grasping, in a clear and comprehensive manner, general principles of government in medicine, and they indicate, at the same time, the exercise of that valuable species of mental industry and energy, which pushes out an inquiry into the minutest details of civil policy. The paper from the pen of three of these gentlemen, entitled "Observations on the Present Condition of Medical Relief for Sick Paupers, with Recommendations for an Altered and Improved System," which will be found at page 858, of this week's Lancet, will be read with interest; and, in publishing the document, we beg to say, that we are desirous of collecting the opinions of the profession on the schemes of reform which are therein exhibited.

THE INFLUENZA.

In the Lancet of February 4th and 11th, we occupied brief spaces, with a description of the general features, the march, and the treatment of the disease, which, for ease in conversation, and in obedience to custom, in England is called "The Influenza," and on the Continent "La Grippe," and a pretty firm influence and grip it has displayed among the communities of each division of Europe. Indeed, at the moment of our writing, it is making rapid progress northward, east, and south, according to the statements in the foreign journals; and as the disease continues to excite a just attention, we shall again devote a few columns to the subject, for the purpose of noticing some of the leading features of the complaint as an occasional epidemic, and afterwards concisely describe the Grippe, as it has appeared recently in the French capital.

The influenza is essentially an epidemic disease. Within the last 300 years it has traversed the whole of the continent of Europe, at least ten times, and at various intervals. At first the intervals between each epidemic were long, but latterly the distance which has separated each attack, seems to have been curtailed in a very undesirable manner. Thus, for example, since the commencement of the present century, we have had no less than four epidemic attacks of influenza, viz.: the present one of 1837, one in 1833, a third in 1830, and a fourth in 1803. A curious circumstance, not generally noticed, and connected with the history of the epidemic of 1833, is, that it followed exactly the same line of propagation as the Cholera Asiatica, not only in Europe, but during its progress over the continent of America.

The 11th century witnessed five epidemics

of grippe, viz.: the years 1730-33, during which, persons advanced in life principally suffered, and in 1743, 1762, 1775, and 1782. We do not find any account of the disease having prevailed during the 17th century, and the first correct *description* that we have of the grippe, dates from the year 1580. It then originated during the winter season, but continued to spread over the whole of Europe, without any distinction of country, locality, or situation, apparently uninfluenced in its course by atmospheric causes, and attacking persons of all ages and constitutions. Even at this early period, Sennertus, who has left an account of the epidemic, remarked the ill effects which were produced by a too free abstraction of blood from the system.

The history of the symptoms of the various epidemic diseases just alluded to, which we have received from the different writers on the influenza, leave no doubt, that the epidemic of 1580 was of the same nature as the epidemics which prevailed in 1743, 1762, 1775, 1782, and that the latter, again, were identified in nature with the more recent epidemics of 1803, 1833, and 1837. We are therefore entitled to illustrate the nature of the cause, progress, and treatment of these latter, by reference to the writings of physicians who lived in the 16th, 18th, and 19th centuries.

It seems to be a generally prevailing opinion, that the development of influenza depends on sudden atmospheric variations, and particularly on the occurrence of sudden and frequent transitions from a cold, dry state of the atmosphere to a wet and "heavy" condition of the air. There can be little or no doubt, that the origin of the disease is connected with atmospheric influence. However, on impartially examining the history of the various epidemics which have preceded the present attack, we are forced to acknowledge our ignorance of the precise atmospherical condition under which grippe is developed or spreads. Indeed, no two authors agree on the conditions of air, or season, which are necessary for its production, while their writings prove that the disease has made its appearance under every variety of climate and weather, and, like the cholera, was equally insensible to the effect, or co-operation of heat or cold. As an example of this, we may quote the epidemics which occurred in Paris during the year 1831, and at Geneva in 1830. The former made its appearance in the months of May and June, when the weather was remarkably fine. The epidemic of Geneva was also developed without any variation of the atmosphere having preceded its appearance. On the contrary, the weather, on that occasion, was fine and mild, in an unusual degree. It would be easy to multiply examples of this kind. We merely mention them, to show that the atmospheric causes of influenza are but little understood, and that the question of the influence of temperature has been long since decided in the negative, by experience.

On grouping together the symptoms described by earlier authors, as having accompanied the epidemic influenza of the 16th, 18th, and 19th centuries, we find that the disease commenced with more or less shivering, which was soon followed by headach; a sense of general weakness and fatigue; pains in the limbs or the back; running from the eyes, &c. These symptoms were soon joined by more or less of fever, aggravated particularly towards the evening; with cough, sometimes of a catarrhal kind, sometimes assuming a spasmodic character. The nature of the cough was extremely various; sometimes it was dry during the whole course of the epidemic; at other times it was accompanied by expectoration, the matter of which also assumed a great variety of appearances. The digestive functions were, in general, but little disturbed. The bowels were often constipated at the commencement; but, commonly, towards the end of the disease, which ran through a period varying from 4 to 10 days, the alvine evacuations were fluid, and frequent. In the epidemic of 1782, the commencement of the disease was frequently marked by the occurrence of delirium at night. The same symptom has been observed, but with less frequency, during the present epidemic.

Hitherto influenza has been regarded as a mild disease, requiring but little medical treatment. Such, at least, is the conclusion which we are forced to draw from the history of former epidemics, all of which were of an innocent nature, if we except that of 1580, which is said to have destroyed more than 9,000 individuals at Rome. The complications which attended former epidemics

were the same, with some insignificant exceptions, as those observed at the present day, viz., inflammation of the bronchial tubes, pleurisy, pneumonia, and different cutaneous eruptions. All the older writers agree in saying, that when influenza attacked individuals who were already labouring under inflammation of the lungs, or old persons, it very often terminated fatally.

The treatment with which our forefathers combatted epidemic influenza, was generally very simple, the disease, as we have already remarked, being generally mild. A great majority of writers agree in condemning depletion from the system at large, and but a few are advocates even of leeches. The remedies most in vogue were vomitives, at the commencement, diaphoretics, especially those selected from amongst antimonial preparations, and laxatives.

Having given this brief review of the influenza, as it existed at more remote periods, we will take an equally rapid glance at the disease as it appeared amongst our neighbours, in the capital of the French empire, during the months of January and February last, as in doing so we may hope to throw some light on a few of the questions concerning the disease, which are still debated in this country.

The first traces of influenza were observed at Paris on about the 23rd or the 25th of January. The weather for some time before had been very uncertain and cold, presenting frequent alternations of wet and frost. For four or five days the disease made but little progress, but it soon began to spread, and before the 12th of February more than one half of the population had been affected by it. The symptoms differed but little from those of the epidemic influenza which preceded the appearance of the cholera in 1832, at Paris; we shall, therefore, refer to them in a very general manner, and merely for the purpose of allowing a comparison to be made between the disease as it existed there, and its late more fatal predecessor in London. That the disease is the same in each country there can be no doubt, though we cannot agree with the opinion of the Carlist journalists in Paris, that the *grippe* was an additional evil inflicted by England on France, by contagion.

Although so universally prevalent, the disease did not seem in Paris to attack children below two years of age, but from that period of life upwards, all constitutions were subjected to its influence, the most robust and healthy, as well as the infirm and the aged. In most cases the *grippe*, as it manifested itself in that capital, commenced with shivering, alternating with elevation of the temperature of the skin, which sometimes persisted so long as for twenty-four hours before the manifestation of any other symptom. These precursory attacks of *frisson* were soon joined by other phenomena, of a strictly febrile nature, a sense of fatigue, general *malaise*, dull contusive pains in the loins, back, or limbs, headach, loss of appetite, &c. In a few instances, vomiting and nausea were observed, but such cases were rare. The bowels were sometimes constipated, sometimes loose; indeed, there was a very prevalent report that several cases of cholerine had occurred as a complication of the epidemic, but this was justly received as a mere report. The febrile attacks accompanying these first symptoms, to which should be added cough and a sense of constriction and soreness in the throat, were often of a very severe nature, but in the majority of cases they did not persist beyond twenty-four hours. The cough now became excessively violent, and was attended with severe darting pain in the chest, and between the shoulders. Indeed, had it not been for the assistance afforded by auscultation and percussion, it would have been difficult not to imagine the existence of active inflammation within the cavity of the chest. Such a condition, however, evidently did not exist. It was seldom possible to recognize the presence of any abnormal sound (crepitant, or subcrepitant ronchus), and that which the chest rendered on being percussed, was perfectly clear. The violence of the cough, the pains in the chest, and the difficulty of respiration, did not seem to bear any proportion to the intensity of the febrile movement; they persisted after the disappearance of the latter, but the cough, which was at first dry, was soon attended by a copious expectoration; symptoms of what people call "a cold in the head" set in, the pains gradually disappeared, and the disease terminated, in a period varying from three to six or ten days. It should be remarked, that in a certain number of cases the development of the febrile symptoms was attended with slight deli-

rium at night, but this phenomenon was merely transitory. Other complications were rare. Analogy would lead, *à priori*, to the idea, that complication with pneumonia should frequently have existed; and although in the Parisian hospitals we understand that not a single case of consecutive pneumonia was observed, and not a single case was fatal in those establishments, during the first fifteen days, yet afterwards a certain number of cases were observed.

As to the treatment adopted in France, our readers may easily guess that it was very simple in a country where the *expectant* method is one of the most prevalent modes of treating disease. Warm mucilaginous drinks and gentle opiates, with an occasional diaphoretic, and sinapisms to the lower extremities, foot-baths, and so on, were the means which were almost universally employed, and, certainly, according to all accounts, with the best effects. That is to say, the patients all got well as soon as they could expect again to enjoy health; but whether *propter hoc*, or propter providence, is a question between doctors and theologians, with which we shall not interfere.

As a more appropriate occasion may not occur for adding a few remarks to those which we have already made, in previous numbers of THE LANCET, on the epidemic as it has prevailed in London, at least in the particular locality of THE LANCET Office, we shall terminate this article by a word or two on the *Influenza Londinensis*. Traces of the disease still linger among a few of those who have been touched by the complaint.

In its decline, the disease assumed those anomalous appearances which we mentioned as characterising its commencement. Some very singular cases occurred. Four cases, also, of subacute inflammation of the cerebrum have happened under our own observation, in children of from two to four years of age, insidious in character, and dangerous in tendency. The chief common characteristics of the first-mentioned class were, severe rigours, followed by intense pain in the head, generally lancinating, and described as a tearing off, or a splitting, of the cranium, the sufferers begging to have tight bandages placed round the temples; and these, they conceived, afforded some relief. The pain occasionally shot through the eyeballs, and sometimes was seated over one or both maxillary sinuses; and here, too, pressure seemed to give a little ease. The pulse was invariably soft, sometimes quickened. The prostration was extreme, and there was over-powering oppression of breathing. Though no pulmonary lesion could be detected, the tongue was generally white, furred, and clammy, with red sides and tip; never dry; some nausea and thirst were, in two instances, complained of, and in those the abdomen was excessively painful and tender. The skin, in one of the latter cases, was hot, and dry; in the other, the most profuse perspiration existed. The most singular feature, however, which the excessively severe cases presented, was the rapid mitigation of the symptoms, under medical treatment. In all, they were so ameliorated, or banished, that the patients returned to their employment, within five days from the commencement of the disorder, and four of the treatment. In the cases of cerebral inflammation, characters were observed in many respects the converse of the preceding. Insidious in its commencement, it rarely seemed, at that period, to require medical aid, which in no case was called in and applied until the disease had attained a formidable height, and was of a week's duration. The primary symptoms were, in these cases, those of a spurious influenza, through which the little patients appeared to have easily struggled, without perfectly recovering. More or less cough and dyspnœa, in one case, with pain in the side, were next noticed; and these were, in a day or two, followed by chilliness, and pain in the head, the latter, on the next day, becoming intense, with marked bronchitis in all; intense pains in one or more limbs (generally the hands), were complained of subsequently; after which, the pain in the head began to subside. Heaviness and stupor succeeded, accompanied, in one case, by clonic, in another, by epileptic convulsion, and paralysis of the left arm. The tongue was generally white, with red points, always moist; there was loss of appetite; no unusual thirst; the bowels were constipated; the urine was scanty and high-coloured, except in one case, in which it was pale, and usual in quantity; in another, it was accompanied by scalding.

In two cases in which the malady has proved fatal under our observation, one

occurred under the suffocative catarrh of infants, the other subacute encephalitis. We have had the opportunity of observing the post mortem appearances in the *early* stage of the disease, only in the body of a woman who died from rupture of an aneurysm, and there the nature of the case prevented the ascertainment of many points. However, the lining membrane of the frontal sinus, particularly of one side, presented turgescence of the venous system in that part. The mucous membrane of the first air passages was similarly affected. In the cases supervening on chronic bronchitis, the mucous membrane of the trachea and bronchi gave evidence chiefly of venous congestion. In several it was more or less thickened.

In two cases there was congestion of the substance of the lungs, much of which took place immediately before death. In one there was considerable serous effusion in the cavity of the pleura. In three cases an arborescent appearance of the veins of the mucous membrane of the anterior region of the bladder was observed; and an instance of most painful affection of the bladder and urethra, is now under our observation, as a consequence of the epidemic, the attack in those parts being a metastasis from the throat, to which latter region the inflammation again returned, after a week's suspension. In a case of subacute encephalitis, with convulsions, which proved fatal, considerable congestion of the veins of the pia mater, extending to very minute ramifications, was found, with sub arachnoid and ventricular effusion, to about an ounce, and a more than usually dotted appearance of the substance of the whole brain. The pericardium contained also about an ounce of serum. The bronchitis seemed to have nearly subsided, as had been evidenced during life. There was but very slight venous congestion of the liver. The rest of the abdominal viscera presented nothing unusual.

We need offer but few additional remarks on the treatment. In all cases of the first-mentioned class, the alarming symptoms rapidly subsided after free fæcal evacuations had been procured. In those cases, which gave evidence of an irregular determination of blood to the head, dry cupping, with four large glasses to the back, during 15 or 20 minutes, afforded instant and permanent relief.

We need not extend these remarks, by describing the treatment of complicated cases. The judgment of the practitioner must ever be exercised, on such occasions, almost independently of all records of the therapeutic art.

Since writing the foregoing article, a correspondent has called our attention to some points which involve the question, Is the influenz a special disease, or, as some practitioners think, merely a bronchitis? We have not room to discuss the matter this week, but will take it up in the next LANCET, together with the question of the complication of the epidemic with pneumonia, which is also concerned in the discussion; when, also, we will offer some remarks on the important point on which practitioners are divided into a majority and a minority,—the utility or injurious influence of blood-letting in this disease.

OPERATIONS FOR STONE, BY MR. COSTELLO.

To the Editor of THE LANCET.

SIR:—In the report of a case of lithotomy, in THE LANCET of last week, it is stated, that I had expressed an opinion, that the size and hardness of the stone rendered lithotrity inapplicable.

I have no intention of imputing blame to your reporter, who, in this matter, can only have written what he had heard. But it is nevertheless my duty to correct an error, which, though involuntary on his part, would very much misrepresent my opinions on this point.

The patient, Mr. E., was placed under my care, by my friend, Mr. Latters, some time in January. I sounded him with the utmost gentleness, (for when the urethra is highly sensitive, as it was in this instance, to introduce an instrument rapidly is mere gratuitous cruelty), and ascertained that the bladder contained a stone of some size, which rendered a clear sound on being struck with the catheter.

I directed soothing treatment to be persevered in for ten days, and requested Mr. Latters to blunt the sensibility of the canal, by the introduction of a bougie, every second day, allowing it to remain for ten minutes. I encouraged the patient to look forward to a speedy deliverance, either by lithotomy, or lithotrity, but deferred making any preference of one to the other, until the parts should be restored to comparative quietude. I was duly apprised of his intention, and he

had my hearty concurrence in the course he adopted, to which he was prompted chiefly by the inconvenience attending the operation in lodgings. I need not add, that I rejoice sincerely in its successful result.

As a general method, my opinion has not been favourable to the application of lithotrity in children, or even in youths, before puberty. It is also well known, that I have frequently refused to operate in the cases of adults, though tempted by the offer of large fees; but my objections in these cases were not grounded on the mere size, or hardness, of the stone, but on the contra-indications furnished by the general state of the patient, which either forbade the operation peremptorily, or rendered the chances of success too uncertain to allow me to commit to them the credit, both of the operator and the operation.

To object to the application of lithotrity, on account of the size and hardness of the stone, without any other forbidding circumstance, would look like affectation in me, to whom belongs the merit of having reduced, by lithotrity, in the case of Mr. John Laughland, of Kilmarnock, the largest concretion that has hitherto been safely removed from the bladder. This was a solitary stone, of lithate of ammonia; it was excessively hard, weighed seven ounces, one drachm, and must have formed a mass, pretty nearly equal in size to that of a turkey-egg. His townsman, Dr. M'Christie, and many others, were present at the sittings in this most remarkable case.

I beg respectfully to deny that my opinion is such as it is stated in the report. I might even go much farther, but I must now refrain, as I shall submit certain propositions to the *Westminster Medical Society*, on Saturday, the 18th instant, which will dispose of this point, finally. I purpose, on that occasion, to exhibit an instrument which, while it carries the sphere of this interesting operation far beyond its present limits, will consolidate the footing it has already obtained, put an end to those distressing accidents, another of which, I am informed, has just occurred in private practice, and accelerate, in an extraordinary degree, the labour of the manœuvre, and the deliverance of the patient. I have the honour to be, &c.,

W. B. Costello.

38, Bruton-st., Berkeley-square,
March 7th, 1837.

NORTH LONDON HOSPITAL.

TARTAR EMETIC IN STRANGULATED HERNIA.

Case 1.—W. B. was admitted Nov. 8, under the care of Mr. Cooper. He is a strong, muscular man, accustomed to well-digging. Has been subject to oblique inguinal hernia, from the age of six years; he has never worn a truss for it; and it has been usually very easily reduced by the taxis, except in two instances. While carting some ice this morning, the hernia descended, and after repeated trials it was found irreducible. He became sick, and vomited a dark brown fluid of an earthy smell. The hernia had descended at eight o'clock, A.M., and at half-past three, P.M., he was brought to the hospital. The tumour was large, contained fluid, was painful to the touch, and slightly reddened. His bowels had not been moved. After an unsuccessful attempt at reduction by the taxis, Mr. Hallam had him placed in a warm bath, at 106°; the pulse was 120, full, hard, and wiry. He was then bled to ℥xxiv, with the effect of making him sick and faint, but renewed efforts at reduction were unavailing. He now took two grains of tartar emetic, which, after a short period, produced much relaxation and depression of the system, *but no immediate sickness*. All attempts still continuing to be of no avail, he was kept in the warm bath till six o'clock, the temperature being kept up by repeated additions of hot water, and the hernia then gradually returned, the pain abated, tenderness only remaining. He was put in bed, and vomited a greenish fluid. The bowels were relieved by an enema of castor oil. He passed a comfortable night, and in the morning went away from the hospital quite well.

Case 2.—H. A. was admitted Nov. 9, under the care of Mr. Cooper. He is a young man of strong healthy appearance, a shoemaker. While assisting in lifting a heavy box yesterday morning, it fell, and pressed him against the wall, causing a painful feeling in the groin, with a sense of rupture in that region. He continued about during the day, but in the evening applied to a surgeon, who considered it hernia, and endeavoured, but unsuccessfully, to reduce it by the taxis. At ten o'clock this morning he came into the hospital, said he had vomited at least three pints of a black nauseous fluid in the night, and felt great pain and tenderness over the abdomen. The bowels have not been moved. Mr. Hallam found it to be oblique inguinal hernia on the right side, with pain, upon the least pressure, and irreducible by the taxis. He was placed in a warm bath, at 110°; and attempts at reduction failing, he took two grains of tartar emetic, which, in about ten minutes, produced great relaxation of the system. His pulse, which was previously 130, and full, became compressible, though quick. The taxis was again applied, and the hernia gradually returned. Previous to reduction, he complained of a bitter, nauseous taste in his mouth. His bowels were relieved by an enema, shortly after the

reduction. He stopped in the house a day or two, and then went out well.

Mr. Cooper remarked on these cases, that though there was no direct evidence of the extent to which the tartar emetic had acted in the reduction of the hernia, nevertheless, he thought that there was sufficient ground for trying that medicine in future cases. Most surgeons, it was true, did not consider the use of the tartar emetic advisable, "as there was generally sickness enough." In those cases, however, there was reason to think it had done good, at all events it could do no harm.

NÆVUS TREATED BY INCISION AND LIGATURE.

A. B., aged two years, was admitted February 6. The mother states, that two days after the child's birth, she perceived a red line near the angle of the mouth, which she supposed to be merely a scratch of a pin. A small tumour soon appeared, which increased rapidly. At the age of ten weeks, the tumour was of about the size of a hazel-nut. A needle was passed across its base, and a ligature applied, so as to embrace the tumour. Two days after the operation, the included part was cut off with a knife, close to the needle. The wound healed, but before two months had elapsed, the vascular tumour again made its appearance, in the site of the wound. The tumour has continued to grow, notwithstanding it has been operated on in different ways, by several surgeons, by ligature, caustic, tying the coronary artery, &c., in all eight times. When the tumour re-appeared it looked red, and was of a roundish shape. Strong nitric acid was applied to it, but without effecting more than the mere destruction of the tissue with which it came into immediate contact. It has also been broken up with needles. The child was brought to Mr. Liston, at the above date. The bowels having been brought into a healthy state, by means of calomel and scammony, repeated at short intervals, Mr. Liston proceeded to operate on the 8th.

The child having been securely rolled up in a sheet, and held by an assistant, a crucial incision was made through the integuments, with a scalpel; the four flaps were then dissected back, with great care, so as to expose the tumour fully; a needle, armed with a double ligature, was then passed through the base of the swelling, and the ligature left. Another ligature was passed, at right angles with, and underneath the first, and the needle was withdrawn, as in the former one. The attached part of the ligatures being divided, four distinct threads were left, the extremities of which were tied in the manner described. Little blood was lost during the operation. Cold-water dressing was applied for twenty-four hours.

Feb. 14. The tumour has separated by the process of ulceration. On the 17th, Mr. Liston, thinking that some of the disease remained upon one of the flaps, passed a ligature around it. On the 28th the remaining portion of the tumour separated, and the disease was thus completely eradicated.

March 6. The wound is nearly healed; there will remain but a very slight scar. The parents are allowed to take the child home, and to return with it occasionally.

NÆVUS TREATED BY LIGATURE ALONE.

C. F., aged six months, was brought to Mr. Liston, on the 10th of February. The mother states, that at birth she perceived a red line, about an inch in length, resembling a slight scratch from a pin. The mark was situated just above the left clavicle, and continued to increase, slowly at first, but of late its progress has been more rapid. At present the tumour is about one inch in length, and a quarter of an inch broad. The skin covering it is of a bright red colour. It appears to be superficial, as it can be moved freely with the skin. No distinct pulsation. The tumour is increased much when the child cries. The health is very good. Mr. Liston determined on placing a ligature around its base immediately. Accordingly the tumour was lifted up with the left hand, and an armed needle was passed beneath its base, and an unarmed one, at right angles with the first. The armed needle was then withdrawn, leaving the double ligature, the ends of which were tied beneath the ends of the unarmed needle, so as to include the whole of the diseased tissue, and the needle was withdrawn. Water-dressings were applied. The part included in the ligature is of about the size of a walnut.

Feb. 15. The tumour separated yesterday; the surface looks healthy, and very extensive. On March 3rd, the wound was nearly healed, and the disease was completely eradicated.

In making some remarks on the two foregoing cases, after the operations, Mr. Liston said, that they afforded good examples of the modification of the plan of proceeding which is sometimes necessary in these affections. The first was a case of subcutaneous erectile tumour, in the second the skin was involved, and was necessarily removed.

DISEASE OF THE ELBOW JOINT.—OPERATION.

A. S. aged 24, was admitted Nov. 11, 1836, under the care of Mr. Liston. She is a sempstress; till within these two years generally enjoyed a good state of health; within that period, however, she has suffered from attacks of rheumatism, the last of which took place twelve months ago; she was feverish during the attack, and had

pain in the left side of the chest; she had pains in all her joints, increased at night, but there was no heat, redness, or swelling of any of them. Under the use of medicine, and the application of leeches to the side, she recovered. Six or seven months since the right elbow became hot, red, and swollen, attended with much pain and throbbing; the swelling gradually increased in size, and three months ago burst on the outer side, and about a table-spoonful of thick, yellow matter was discharged. Leeches, and blisters which were kept open, were from time to time applied to the elbow. Matter has been constantly discharged from the opening; and she has lost the use of her arm ever since it began to swell; and, since the last attack of rheumatism, has suffered constantly from stiffness and pain at the right side of the neck.

She has now some pain in the left elbow, above and below which joint the arm is considerably wasted; the forearm is rather more than half extended, and rather supined. She cannot flex the arm, except with the assistance of the other hand, and then only slightly, at a right angle with the upper arm. She cannot supinate the arm; but, with the assistance of the other hand, can slightly pronate it. The elbow joint is considerably swelled, but much more at the outer and back part, where the surface is redder and harder. A thin, watery, yellow-coloured matter is discharged from an opening, situated externally to the olecranon. Since the disease in her elbow, she has not been able to move the fingers freely, and the wrist is painful when moved. The hands and fingers are very tremulous, and the power of grasping nearly gone; she can only just make the tips of the finger touch the palm of the hand; her general health is not very good. On passing a probe through the opening into the joint, Mr. Liston said a grating sensation was given. A gum splint was applied, from a short distance below the shoulder to the wrist, a roller having been first applied to the forearm. The forearm was fixed at a right angle with the upper arm, by means of a bandage externally, and a sling. The opening on the outer part of the elbow was left uncovered, and water dressing was applied to it.

Nov. 28. Her wrist and fingers are stronger; the discharge has disappeared; the opening almost closed.

Dec. 7. There was a little discharge of thick pus four days since, and the unbandaged part of the surface was rather hot and swollen; the discharge has now disappeared, and she is gaining strength.

Jan. 7. Her general health has much improved since last report; anchylosis has not taken place; the operation was therefore determined on.

Previous to operating, Mr. Liston said the excision of the joint was a proceeding advisable, under certain circumstances, when the extremities of bones were diseased, with the view of saving a valuable portion of a limb. This case, as far as he could judge, was a very favourable one for the operation. The patient's health had been much improved since her stay in the hospital. He did not think he should be justified in removing the limb, as had been proposed before the patient's admission into the hospital. The improvement in her health was attributable to constitutional treatment, but more especially to the circumstance of the joint having been kept steady, with the view of favouring anchylosis. In bringing about this desirable termination, however, they had been disappointed. They must have often observed the rapid improvement of patients, when the constitution was relieved from such a source of irritation. Operations on joints could not be performed without loss of blood, and were often apparently formidable, from the necessity of examining the parts, after cutting down upon them, to ascertain the extent of the disease. The plan of proceeding he should adopt, he considered preferable to others that had been recommended and followed by some surgeons.

Operation.—An incision was made about four inches long on the back of the arm, and forearm, a little to the radial side of the ulnar nerve. A transverse incision was made across the joint, meeting the former at a right angle on the radial side. The flaps were then dissected back, and the ulnar nerve turned aside, along with the other soft parts, and protected by a spatula. The joint was then easily dislocated, and the neck of the radius, and the olecranon, immediately below the coronoid process, were divided by a small straight saw from within, outwards. The condyles of the humerus were divided by sawing from behind forwards. The flaps were replaced, and retained in their position by a few points of suture.

The joint was filled with a gelatinous substance, which was likewise infiltrated into the surrounding tissues. The ligaments and cartilage were destroyed, and there was extensisve ulceration of the olecranon, and the condyles of the humerus.

After the operation, Mr. Liston went over the plan of proceeding on the dead subject, a proceeding which is entirely new in clinical instruction, but one of which the students demonstrated their approbation.

WESTMINSTER HOSPITAL.

PHLEGMASIA DOLENS.

On Tuesday, the 28th of February, Dr. Roe, having visited the in and out-patients, proceeded to offer some clinical remarks on the following case of phlegmasia dolens:—

Elizabeth Lavender, aged twenty-one years, a weak and sickly creature, was admitted with violent pain in the calf of the left leg, attended with great tumefaction, which came on suddenly fourteen days after parturition. The labour was a severe one, and lasted twenty-three hours. The patient first noticed the change in her limb in the afternoon. She could not move the limb, and every attempt occasioned severe pain. There was, also, a rapid accession of swelling. A neighbouring practitioner was consulted, and pursuant to his advice eight leeches were applied to the seat of pain. The anguish and tumefaction were not relieved by these means. On Thursday, the 23rd of February, the fourth day after the incidence of the attack, she was brought into the hospital, and had twenty leeches directly applied, and poppy fomentations subsequently. At night the following potion was administered to her. Take of

Castor oil, 6 drachms; *Laudanum*, 15 minims; *Peppermint water*, 1 ounce. Mix.

The leeches, followed by assiduous fomentation, afforded her some ease, and she passed a comfortable night.

Feb. 25. The fomentations have been continued ever since, with apparent benefit. The pain has entirely left her, and the tumefaction has abated. Take of

Calomel, half a grain; *opium*, a quarter of a grain. Mix with some vehicle, and form a pill, to be taken every four hours.

26. The patient seems to progress in amendment. The bowels act comfortably; appetite feeble. Take of

Sulphate of quinia, 16 grains; *Diluted sulphuric acid*, half a drachm; *Sulphate of magnesia*, 2 drachms; *Peppermint water*, 6 ounces. Mix, and let an ounce be taken three times a-day.

28. The patient is of a small figure, is rather of a leucophlegmatic temperament, and is much emaciated. The expression of the face is easy and natural. She has thirst, and has had no perspiration; but the skin is not dry. The affected limb is swollen from the dorsum pedis to the groin, and presents an œdematous, shining surface; it pits on pressure, but no pain is produced. This morning she supported her weight for some time on the limb without feeling pained. The bowels are open, and the pulse 108.

Clinical Remarks.—"Phlegmasia dolens," said the Doctor, "depends primarily upon inflammation of the veins; where it occurs in women it consists generally of two kinds; First, that where the inflammation originates in the uterine veins, and spreads itself into the common iliac, the internal and external iliac, the femoral and epigastric veins. Secondly, that where the inflammation does not affect the uterine vessels, but is confined to the large hypogastric vessels already named. The case of this woman is of the second kind, in which the womb is not affected. In phlegmasia dolens, of every description, there is œdematous swelling, extending from the toe upwards, to the inguinal regions, with pain in the course of the blood vessels, and great tenderness of the entire limb. If the uterus be affected, the patient is conscious of a sense of weight and dull pain in the sacral and hypogastric regions, and there is great tenderness of the peritoneum evinced on pressure. In all cases the constitution is implicated to some extent. There is increased temperature of the surface, occasionally attended with perspiration, furred tongue, cerebral irritation, and in the severer forms, delirium.

"The severity of the symptoms depends upon the nature of the morbid process going on in the veins affected. The phlebites, from whatsoever cause proceeding, has generally (unless speedily resolved) one of two terminations. Either a quantity of coagulable lymph is thrown out, which obstructs the circulation in, and finally occludes the channel of, the vessels; or the lining membrane secretes pus, which mingles with the circulating fluid. The former of these two conditions is by far the most favourable, as the general health is usually not materially depressed. In case of occlusion of the area of the vein, the œdema may remain in the limb, until a compensatory circulation is established in the minor vessels. It appears that the collateral veins are much longer in adapting themselves to the carriage of an increased column of blood than the collateral arteries under analagous circumstances. When the local inflammation, however, is subdued, the resiliency of the patient's constitution, assisted by judicious means, will generally help her to a happy result. When pus is secreted by the inner membrane, the constitutional symptoms are more severe, and assume a typhoid character. The patient has sordid lips and tongue, pungent heat of surface, and the eyes and face assume a comatose character. In the male, as well as the female, phlebitis is not of uncommon occurrence, either in the upper or nether limbs. It is seen in the cephalic and basilic veins after venesection; the vein swells, hardens, becomes painful and tender, and has its course marked by a red line. The same phenomena are observed in inflammation of the major and minor saphena. In all these instances extravasation of serum, or œdema, takes place in the adjacent cellular membrane, and the surface has a glazed, white appearance. In our treatment of this disease, the attention must first be directed to the constitution of the patient, of which the energy must be maintained under all circumstances. Abstraction of blood must be resorted to with great caution, even as a topical remedy, and other antiphlogistics employed with equal circumspection. You perceive that in the

case of Lavender, I have employed topical depletion, and supported the strength of the patient with a mild tonic. Mercury has been used to the extent of producing a slight fetor from the mouth. This last remedy has had, no doubt, considerable influence in reducing the local phlegmasia. Under this method the patient has gradually amended, and we may safely prognosticate a perfect recovery.

"Dr. Ley is of opinion, that this disease in the female often originates in the orifices of the veins in the uterus, which are exposed to air in long parturitions. This is merely an hypothesis, though an ingenious one; the pathology of this affection is still involved in obscurity, and affords an extensive field of research for the philosophic inquirer. There is no doubt that an examination of the veins of the uterus would furnish a clue to the explanation of many anomalous symptoms in the diseases of women. There was recently a patient in Adelaide ward, under the care of Dr. Bright. She was generally considered as labouring under puerperal mania, but I never thought so, for there were symptoms present and symptoms absent, which led to a contrary conclusion. In puerperal mania the head is almost exclusively affected, the tongue is clean, the skin pretty natural, and there is but little febrile excitement. In this woman's case, however, there was furred tongue, excited pulse, hot burning skin, alternating with profuse perspirations, but not critical. She died from febrile irritation, and the autopsy exhibited a considerable secretion of pus in the uterine and spermatic veins. We cannot question the truth of the assertion, that many forms of disease, classed under the names of puerperal peritonitis, and puerperal fever, are essentially founded in an inflammatory condition of these veins, and I shall take every opportunity of bringing the subject under your consideration."

Hare Lip.—Mr. Guthrie united with pins, and the interrupted ligature, the hare lip of Alice Peeny, a child aged eleven, from Potter's Bar, in Hertfordshire, carefully bringing the skin of each side of the wound in contact, in order that the lineal cicatrix might be as narrow as possible. A large scar on the upper lip deforms the countenance more than one anywhere else. Feb. 28th. Wound healing rapidly; it is marked by a line of mingled blood and lymph, and unattended with pain.

Sir Anthony Carlisle stated, in reply to a question from a medical governor, that on his recent visit to the College of Surgeons, the Duke of Wellington evinced much shrewdness on medical matters. His Grace said, that he much preferred English practice before French, in medicine as well as surgery, but more especially in surgery. In France he had had sufficient opportunities of witnessing the unenergetic character of continental medical practice, and the meddlesomeness of the surgery. He had observed, that where one amputation of the French surgeons was successful, ten of the English were attended with fortunate results. This he supposed to be due, among other causes, to the use of their abominable charpie.

Obituary.—The senior pupils and the medical staff of this institution have heard, with regret, of the death of Mr. William Hamilton, assistant-surgeon of the 43rd Light Infantry, recently, at New Brunswick. He was the youngest son of the late Mr. Hamilton, of Sudbury, some time private secretary to the first Lord Melville. He received a good classical education under the late Dr. Edwards, and afterwards at Harrow School. He early evinced a predilection for medical pursuits, and preferred placing himself under Mr. Simpson, surgeon, of the Coldstream Guards, to entering either of the Universities, at the same time commencing his attendance at the *Westminster Hospital*, where his quickness of comprehension, frank and amiable bearing, and humanity to the patients, were much esteemed. Having obtained the College diploma, he made a tour on foot through Italy, Greece, and Asia Minor; and, stimulated by an antiquarian spirit and a love of adventure, he penetrated the most dangerous recesses of Calabria, Albania, and Syria, and accumulated a fund of unique information on the present state and former conditions of those regions. Mr. Hamilton returned to England just before the death of his father, and having disposed of his estate at Sudbury, entered the 43rd regiment, in which he died, much regretted; and the writer feels assured that there is not one of his fellow pupils, dispersed as they are over the globe, who will not also grieve at receiving news of Mr. Hamilton's death.

CORRESPONDENTS.

The remarks on *Mr. Bernard's* communication are unavoidably postponed for the present. The subject which he so properly and justly discusses, will come under consideration in another form.

The reply of *Dr. Spillan* to Mr. Sandall was received too late for insertion this week. So were the letters of many other correspondents who will look for their communications in this week's Number.

With some of the suggestions of *P——x* we do not agree; but the majority are too trite for publication. Any thing more novel in his next?

Erratum.—Page 831, line 19, *for* 30 drops 3 times a-day, *read* 30 minims twice a-day.